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SYPHILITIC NECROSIS OF THE NASAL BONES, ETC.*

BY

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New York.

Lack of time must be my apology for the crude way in which the following notes are thrown together. The history of the case is of sufficient interest to deserve a more thorough and minute delineation, and on some future occasion, I trust an opportunity may be afforded me to give the question the consideration it demands. On Saturday January 29th, 1884, Mr. W., æt. 19, presented himself at my office for examination and treatment, as per direction of Dr. Doughty. The subjoined history was elicited. During 1877 and shortly after sexual intercourse, he noticed several small growths or warts, to use his own expression, about one-eighth of an inch in diameter upon the preputial mucous-membrane, in close proximity to the corona. This condition naturally excited more or less alarm and he consulted a physician who at once and without hesitation excised them and prescribed black-wash for local application. No internal treatment whatever was instituted. After the lapse of a few days, the local trouble disappeared and he was discharged cured. In the summer of 1878, and one week subsequent to intercourse, Mr. W., discovered spots of erosion occupying the sites of the old warty excrescences and regarding them as chancres, he adopted a plan of treatment suggested by some French authority which was as follows: The supposed chancres were first bathed with the spirits of camphor for about ten minutes, and unguentum camphoræ was applied. Internally small

doses of potassium iodide in combination with the extract of sarsaparilla were exhibited. In two weeks time the so-called chancres disappeared and all treatment was discontinued. After the lapse of several weeks, the exact number, the patient had forgotten, brick-red blotches made their appearance in different locations upon the skin of the superficies and these were eventually surmounted by crust-formations, particularly upon the scalp and the face in close proximity to the beard. He then resumed the employment of the potassium iodide, and continued its use for about two weeks—at the end of which time he placed himself in the professional care of a physician. The case was pronounced to be one of constitutional syphilis, and Warner's $\frac{1}{20}$ grain parvules of calomel were given in doses of four three times a day, together with cod-liver-oil, tonics etc. The dose of calomel was soon increased to five parvules and eventually to six. The gums at this point, evidenced the effect of the mercury and the dose was accordingly diminished. This plan was continued in force for about one year and towards its close Blanchard's pills were prescribed. These were taken for a time, when the physician in charge regarded the patient safe as far as any future complication was concerned and all treatment was discontinued.

During July, 1880, Mr. W., was in constant attendance upon a sister suffering from consumption, and as the natural result of his confinement and the superinduced business troubles, he lost both in strength and weight. In the early part of 1881, his systemic condition was reduced below par, and he suffered from extreme nervousness and an aggravated form of constipation. He reapplied to his last physician who prescribed a mixture composed of nux-vomica, colocynth, rhubarb, belladonna and bicarbonate of soda. Two or three

* Read before the New York County Homœopathic Medical Society, Nov. 26, 1884.

doses of this combination convinced Mr. W., that it was not accomplishing the desired effect, and it was accordingly stopped and nux-vomica alone was administered—directions being given that certain dietetic rules should be carefully observed, and that everything calculated to induce mental disquietude should be religiously avoided.

During May, 1881, the points, at which the supposed chancres, already referred to, were situated, assumed the form of ulceration, and at the same time two blotches appeared upon the surface of the right lower extremity, the larger of which speedily became ulcerated. He was then referred to Dr. Doughty, who prescribed internally the potassium iodide and locally some form of ointment. In about eight weeks, during a portion of which he was enjoying mountain air, the ulceration ceased and he experienced no further trouble until February 1st, 1883, when he "*caught*" a severe cold which affected principally the right naris. Various household remedies were employed but without effect, and he once more fell into the hands of a physician, who, in turn, subsequent to repeated unsuccessful trials of several remedies referred him to a *confrère*, on May 25th, 1883.

The diagnosis of destructive ulceration of the nose was given, and hepar sulph. exhibited. On May 29th, a plate of bone, about an inch in length, and one-half an inch in width became detached from some portion of the inner surface of the nose, and dropping through the posterior nares was ejected *per oram*. Subsequently the swelling and soreness of the nose abated somewhat, and large masses of material were discharged anteriorly and posteriorly.

During September the tissues covering the hard palate became indurated and inflamed and in a short time perforation occurred at the junction of the hard with the soft palate. Said opening gradually increased in dimensions and the ulceration extended along the *raphé* until it reached the

alveolar processes of the four upper central teeth, the two central and lateral incisors, which last became loosened. By this time the bone of the roof of the mouth was exposed along the median line, the ulcerative process extending about one-eighth of an inch on either side, making the entire width of the path of destruction one quarter of an inch. During all this time up to January 10th, he was constantly under treatment, three remedies having been administered, viz.: hepar. sulph., kali bichromicum, and a third whose name Mr. W., had forgotten. He then became discouraged, and consulted another physician, who prescribed without seeing the case, large doses of the iodide of potassium. This plan was followed for a few days with benefit and he then reapplied to Dr. Doughty who referred him to me on January 29th, 1884, as already noted.

On that day his condition was wretched in the extreme. The odor emanating from the diseased structures and superimposed masses of filth, was simply indescribable. Examination of the nares revealed a large perforation of the cartilaginous septum, and both nares anteriorly and posteriorly completely blocked up with enormous accumulations of inspissated mucus and detached fragments of bone. The palatal bones were exposed in the median line throughout their entire length, the ulceration implicating the mucous membrane and subjacent tissues on either side of the articulation to the extent of about one-eighth of an inch. The inferior or horizontal plates were honeycombed and slightly movable, along the line of articulation. At about one inch from the posterior concave border, which affords attachment for the soft palate, the bones on either side were separated laterally.

By inserting the ring probe and hooking it on to the posterior extremity of the remainder, that portion of the superior maxillary, or as it is at times termed, the inter-maxillary bone,

which contains the alveolar processes of the four upper incisors, was found to be movable *en masse*. The gum was ulcerated and the roots of the teeth exposed. The disease had not implicated the inferior maxillary, the tongue, pharynx, or larynx.

My opinion based upon the above *data* was plain, and the necessity of removing the necrosed bone before anything curative could be accomplished, stated. Mr. W.'s consent to the operation was obtained, and the disgusting procedure was accordingly gone through with, step by step, in the usual manner. It is needless to detail the different manipulations. At the end of an hour the nares were relieved of their contents, osseous and otherwise, and the cavity freely exposed throughout its entire extent. Fortunately the nasal bones proper had been only slightly implicated and the necrosed portions were thoroughly scraped off. The cavity was then carefully cleansed by means of the post nasal syringe and a saline solution, and the ulcerated structures covered with pulverized iodoform. No attempt was made at this time to remove the necrosed portions of the hard palate or the intermaxillary for the reason that the patient's strength was almost completely exhausted.

Iodide of potassium in moderate doses in combination with the compound syrup of sarsaparilla was prescribed and the patient directed to rest for twenty-four hours. The odor remaining in my office subsequent to the operation, can better be imagined than described.

On the 21st the detached fragments of the palatal bones were removed with the result of leaving a large perforation and complete inability on the part of the patient to articulate. The nasal cavity was again cleansed thoroughly, iodoform applied in powder, the perforations in the roof of the mouth closed by the interposition of a large pledget of absorbent cotton completely impregnated with iodoform, and the potas-

sium continued, together with cod-liver oil.

From this time until Feb. 4th, this plan of treatment was carried out, with slight variations adapted to existing circumstances. The result was satisfactory in the highest degree. Mr. W.'s strength improved, the odor had almost entirely ceased, and the secretions were greatly diminished. On the 27th the patient suffered from an intense pain in the right middle ear, with consecutive sensitiveness of the mastoid bone. Otitis media suppurativa supervened and under the influence of calcic sulphide in conjunction with the remedies already specified, was developed in two days, the pus discharging through a perforation artificially made in the membrana tympani. This was followed of course by relief to the pain, and one week later the pus discharge markedly decreased in quantity. Disease of the mastoid process was feared, in view of the history of the case and its unfavorable nature. This complication, however was fortunately averted, and by the middle of February the discharge from the middle ear had disappeared and the perforation closed.

On March 1st the intermaxillary with its four incisors was removed entire, the parts thus exposed, cleansed and dressed in the usual manner, and the enormous cavity completely filled with cotton. A four-fold result was sought for by the adoption of this procedure—

1st. To afford Mr. W. the opportunity of prosecuting his vocation, by enabling him to articulate.

2d. To prevent materials taken in the way of food from passing into and filling up the nasal cavity.

3d. To protect the diseased and ulcerating surfaces from irritation produced by the contact of foreign substances.

4th. To render it impossible for the bony supports to approximate and collapse with the customarily inevitable result of facial disfigurement.

The sequel has clearly illustrated the propriety of such procedure.

At the end of four weeks, limitation of the disease was manifest, cicatrization had occurred all odor gone, discharges nearly normal, and every thing was in readiness for the adoption of the final step. It must be remembered that from the first visit of the patient until this period the case was watched with great care, daily irrigation practised, proper dressings applied, and the internal administration of gradually increasing doses of the potassium iodide prosecuted.

In the early part of April a plaster-of-paris cast of the roof of the mouth was taken and from this was devised a plate, so planned as to entirely cover the roof, fill up the linear perforation of the hard palate, and by means of a wedge-shaped process entirely close the cavity occasioned by the removal of the intermaxillary. The lost four superior incisors were replaced by artificial ones, attached to the plate in the usual way. The result has been as nearly perfect as the most sanguine hopes could have anticipated. The oral deformity has been remedied, articulation and deglutition rendered normal, and at the present time, almost eight months having elapsed since the plate was adjusted, the nasal depression, though perceptible is by no means conspicuous. The patient's general condition is all that could be desired, and the discharges amount to nothing in comparison with what they were originally. The case is still under observation.

DYSPAREUNIA OR PAINFUL COITION.

BY

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In view of the just and proper restrictions thrown around the sexual act, this is a subject of exquisite delicacy. I am tempted to adopt it as a monographic text, because I believe

it to be of sufficient importance as a source of unhappiness and disease to merit the attention of the gynæcologist. It has recently been brought to my attention by the first of the following cases :

CASE I.—Mrs. W. C., æt. 26, married nearly six years, came to me complaining of dysuria and irritation of the urethra, every attempt at sexual intercourse causing great pain and distress. She said that her former physician had pronounced it a case of vaginismus, but the means employed had failed to remedy the trouble. An examination revealed a small caruncle, growing at the urethral orifice, which was exquisitely sensitive and tender to the touch, and which I believed to be the sole cause of the difficulty. The hymen was but fragmentary, though she said that complete intercourse had never taken place, which statement was confirmed by the husband, and it was relief of this condition and the accompanying sterility, that she sought more than of the urethral affection. The uterus was small, and the vaginal canal rather short, its entrance being highly hypersensitive. The growth was removed under an anæsthetic, and she was for a time apparently cured of a large part of her trouble, but a couple of months later she returned, saying that she was about as bad as ever, and that it was still impossible for her to bear her "matrimonial privileges." A second examination showed that the growth had not been reproduced, as I suspected, but the urethra was still red and inflamed; a more careful examination showed that the vaginal opening was much behind its natural seat, due in part to the unusual width of the pubic arch, an excessive amount of adipose tissue, and also, no doubt, to awkward attempts at intercourse on the part of the husband. Efforts were now directed toward allaying the extreme irritability about the urethra, and dilating the vaginal orifice. The first of these was happily effected by the use carbolic acid locally applied, while the vulval

opening was put somewhat upon the stretch by the ordinary bivalve speculum, and afterward the insertion of a glass dilator which was permitted to remain in position for half an hour at a time. This treatment pursued for a short time entirely subdued the highly sensitive and painful condition of the parts, and that the result, aside from this, was all that could be desired, I infer, from the fact that I was recently engaged to attend the lady in her approaching confinement.

CASE II.—Mrs. C., æt. 28, had been married seven years and had one child. She was apparently a healthy, well-formed woman, but exceedingly nervous and hysterical. She complained that since the birth of her child she had not been “able to be a wife,” because she “always suffered such pain when her husband came to her.” She had that bane of a woman’s life—backache—and was daily becoming more nervous and irritable. Examination revealed a sharply retroflexed uterus which was much congested and very tender. It was replaced and retained in position at first, by cotton and glycerine pessaries, and later one of rubber was borne without difficulty. Her backache soon disappeared; coition became a source of gratification instead of pain, and she is now as well as prior to her confinement.

CASE III.—Mrs. S. E. B., a delicate looking lady, complained of a distressing pressure in the left iliac region (by the way I have observed that such sensations are far more frequently referred to the left side than to the right) and constant dysuria. She had been married a dozen years or more, but had never been pregnant, and confessed that instead of being pleasurable, intercourse had always been painful and dreaded by her. The uterus and vagina were normal as to size, but the former was sharply ante-flexed, and any attempt to restore it to its normal position caused decided pain. The finger drawn along the course of the vesical neck also induced much pain, and the urethral

canal was highly red and congested, but the urine presented no traces of cystitis. A persistent use of cotton suppositories between the cervix and pubis relieved the feeling of left side pressure, but the dysuria continued to distress her until the urethral canal had been locally treated, first with carbolic acid and later with an iodoform and belladonna ointment. Since then she has been entirely relieved of all her unpleasant symptoms and coition is painless.

The above cases with others which might be cited—every physician of any considerable gynæcological experience must have seen many similar ones—have impressed me with the belief that in a very large proportion of uterine disorders, painful coition is a prominent symptom, and one too frequently overlooked by the physician on account of its fancied unimportance, or because it is a disagreeable subject, while it is one to which the patient will seldom allude, without being directly questioned, no matter how great her sufferings may have been, and although it is really *the* symptom that leads her to seek medical aid. Even a momentary consideration of the female pelvic organs will show us how profusely they are supplied with blood-vessels and sensitive nerves which are ever ready to produce congestion and its accompanying train of symptoms on the slightest irritation or diseased condition.

The various causes that may produce this condition—and their name is legion—need hardly be enumerated to any physician who has seen a fair amount of gynæcological practice, still I may mention that it frequently immediately follows marriage, when an unnatural situation of the vulval orifice, together with awkward and forcible attempts at intercourse occasion urethral irritation and caruncles or again the ruptured hymeneal membrane may be the seat of irritable carunculæ or ulcers, the latter, like anal fissures, being a source of constant distress and uneasiness and having no

tendency to heal voluntarily. Such ulcers, or fissures, may also occur when the vagina, though originally sufficiently capacious for marital purposes, has been lacerated during childbirth, and the new cicatricial tissue, being inelastic, tears slightly, leaving an irritable crack or ulcer which will make coitus always painful and to be dreaded on the part of the female. Any of the dislocations to which the uterus is liable, may be a source of pain either from traction upon the uterine ligaments, from pressure upon the vesical neck or urethra, or from a displaced ovary. I believe that retro-displacements are nearly always attended by this symptom—dyspareunia—if of long standing. The opposite form of dislocations, however, are not usually so attended, for the reason that the hypersensitive uterine body is thrown forward out of the way of the male organ, while in retro-versions or flexions the line of displacement lies directly across that of copulative effort.

Again, whenever subinvolution exists, whether it follow parturition or abortion, and it is even more likely to follow the latter—even when it occurs as early as the third month, a fact which I fancy is often overlooked—than the former, the increased uterine weight and elongated cervix combining to shorten the vaginal canal, and thus expose the hyperæmic and sensitive uterine body to frequent mechanical irritation during intercourse. So too in the peculiarly hyperæsthetic condition at the outlet of the vagina termed vaginismus, which generally has for its cause some local inflammatory affection of a more or less acute nature, every attempt at sexual intercourse may occasion almost intolerable suffering to the female. It seems altogether needless for me to even allude to acute diseases of the vagina, the uterus or its adnexa, such as vaginitis, cellulitis or pelvic peritonitis, as a cause of painful coition or dyspareunia—a word coined by Barnes, of London.

The design of this paper is simply

to hint at the importance of a *symptom* which is so frequently an accompaniment of uterine disease, and which may from its character not only render the life of a woman a burden to her, but to those around her, and entail barrenness, unhappiness, and even separation as well. I have now under treatment a well-developed young married woman who for some years has suffered from uterine disease, and she says that coitus has for a long time been unbearable, as a consequence her relations with her husband have been altogether suspended, and she is rendered wretched by the fear that he may be tempted to seek gratification elsewhere.

I shall not specifically refer to treatment that may be used in individual cases, but simply express my belief that it is always wise, nay *necessary*, to learn if this *symptom* exists whenever we are called upon to treat any affection of the female genital organs; and if so we should attempt its relief from the first, even if the cure or alleviation of the prominent disease cannot be effected until a somewhat extended treatment has been pursued; as for instance when an inflamed condition about the urethra or within its canal exists, together with some uterine displacement, we should treat that affection locally or internally as the case may require, while at the same time we apply a mechanical support to the uterus; for in many instances the removal of the original cause may not be sufficient to cure a condition which has become chronic from neglect of treatment.

If the external opening of the female genitals, from congenital or traumatic cause, appears abnormal in situation or size, we should by gradual expansion and the use of dilators, increase its capacity and thereby prevent injury to the exposed parts; or if a subinvolted uterus, from increased weight and relaxation of its supports, crowds its way forward into the vaginal passage, and presents, in addition, a cervix lacerated from

previous labor, we should, while pursuing the ordinary treatment, give it rest and support by means of a well-fitting pessary; and, finally, we should in every instance seek, after properly explaining to our patients the nature and cause of their ailment, to afford the utmost rest possible for the affected parts, by restricting, in a measure, sexual connection, which is likely to be persisted in from habit or from the desire that sterility may be overcome.

WHAT ARE CLINICAL TESTS?

BY

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A recent number of the *New England Medical Gazette* contains a labored article on Clinical Tests, to show that such tests are in the main nothing but coincidences. The writer frantically asks, "What do we mean by the often-appealed to clinical test?" and then, before endeavoring to involve the answer in the most stupendous obscurity, says: "The unthinking zealot may return a prompt, glib and positive reply. The conscientious scientist will reply only after very serious deliberation."

It does not require a very great deal of knowledge to answer what a clinical test is. There is nothing occult in either of the words. Clinical tests are tests made at the bedside, according to most etymologists, and a test is simply a means of trial. From clinical tests of drugs we have gained clinical experience, which after all is the only rational ground upon which we can predicate their uses. Upon examining the article in question we can readily see its drift. Its motive is to impugn the testimony of those who dare assert that certain medicinal preparations possess any medicinal power. According to this writer, the majority of so-called clinical tests prove nothing, but are merely coincidences. He says: "Are we to regard an isolated coin-

cidence as a clinical test? * * * *
Say this coincidence has occurred in scores, nay thousands of cases, of whose collateral circumstances we are wholly ignorant, are we called upon to stand mute before the clinical test?" That is to say that all clinical tests have to be discredited unless all the collateral circumstances are detailed in connection with them. Isolated cases, if they agree with other cases and point to the same law of action would not be deemed to be wholly valueless, and if a similar result was obtained in a score or thousand of instances under the observation of intelligent men, there is at least presumptive evidence that there is a clinical test in the so-called coincidences. Let us see what our writer would prescribe for a clinical test. The article says: "Any clinical test worthy the name requires for its perfection length of time, knowledge of every factor in the cases under consideration and frank estimate of its worth, comparison with like cases in which recovery took place without medicine, and like cases in which, the medicine being given, recovery did *not* take place, and constant and patient repetition of such comparisons, until we are in possession of such statistics as would easily refute any theory of coincidence."

We agree with the writer that such a crucial test would be pre-eminently valuable, but does he suppose that such tests will ever be made? Who can estimate the worth of every factor concerned in restoring the diseased body to a state of comparative health? No amount of scientific investigation can penetrate that occult undetermined force we call the *vis medicatrix naturæ*." We have never gotten beyond theories in regard to the factors involved in producing thought, nutrition or disease. All the scientific labor to prove a palpable cause of disease have as yet proven barren of positive results. It has yet to be proven that the "germs" which have been so assiduously cultivated are not the result of, rather than the

cause of, the specific diseases. Koch's comma-bacillus was eagerly accepted as the cause of cholera, until it was shown that different countries produced different forms of bacilli, with different modes of development, and finally, that there is no difference in the mode of growth of the comma-bacilli of cholera and other diseases. Yet the comma-bacillus was given the credit of being the cause of cholera, although it was never found upon any thing but morbid matter, and in the intestines of those who died suddenly of the disease as a result of a more highly-developed attack, there were the fewest bacilli. Scientific thinkers do not hesitate to accept these doubtful causes as facts, and tenaciously cling to them, but when it comes to acknowledging that men of character and experience might have observed effects upon diseased organisms from the administration of potentized drugs, they hold up their hands in holy horror, because to admit these truths might disturb some pet microscopic theory. What can not be proven by the microscope in their eyes is of no account. The effects of the attenuations of drugs are established upon a surer foundation than many so-called scientific facts. The day will never arrive when medicine will be an exact science. To reach that point, every human body must start upon a common basis of health, and those inherent causes of premature decay and death be banished from our midst. It is only in what might be termed acquired diseases that we accomplish much by medication. With an exact science medicine would be so applied to disease, and the results would be so positive, that death from any cause but accident or old age would be unknown.

But while enfeebled organisms are born into the world so long will there be cases that baffle all medical treatment and that end the battle of life before the allotted "threescore years and ten" have been attained. While we cannot hope to bring medicine to

this desirable scientific basis, we can at least accept the plans of treatment that have been proven to be beneficial. If some isolated physician should report that he had arrested a paroxysm of intermittent fever with large doses of quinine, the man would be deemed a fool who would distrust the report, but if an equally intelligent and conscientious man reports that he has succeeded in doing the same thing with minute doses of Arsenic or Ipecacuanha instantly, his statements are discredited and a howl is set up because he does not relate all the collateral circumstances.

Now, to anyone who has given the subject attention, and who has practiced in a malarious district both reports would be accepted as probably true, for a homœopathist can only claim that high potencies (*i. e.* 30th and 200th attenuations) are powerless in curing intermittents through ignorance, as he can easily prove their efficiency by giving them a fair and intelligent trial. He might be entirely ignorant of the value of every factor concerned in the cure, but if he is honest, he would have to acknowledge the efficacy of the medicine. It might strike one who believed in nothing but massive doses like the cable car did the Chinaman in San Francisco. It was a new thing but he was forced to acknowledge that there was "no pushee, no pullee, but allee samee go." That was perhaps very unscientific reasoning, but after all it was better than scientific thinking that would deny the motion of the car, or claim that there had been no reliable test of the motor, because his knowledge would not allow him to reason himself into a belief of the truth of the proposition. The most beautiful things in medicine are scientific theories, but we must remember that the system of medicine which lays the greatest claims to scientific accuracy does not obtain clinical results as favorable to human life, as the so-called believers in coincidences. If clinical tests are to be measured by the rules of strict

scientific reasoning, we must have positive knowledge of every factor relating to the operations of the human body. No fine spun theories which may be demonstrated to a nicety only to be swept away by some subsequent theory will answer as a basis for scientific research. Until the microscope can demonstrate what principle even in the germs causes the diseased manifestation, we are loth to accept its dictum as to what constitutes the curative portion of attenuated drug preparations, and while the present condition of doubt exists, the wisest thing to do is to prove the truth or falsity of any clinical test by the methods at the command of every physician. We must always bear in mind that nature is the grand curative agent, and in our medication seek to administer only such substances as aid nature in the work of restoration.

BLUE COHOSH.

BY

GEO. W. WINTERBURN, M.D.,

New York.

This peculiar plant has long been used as a medicine by the aborigines; from them it was introduced into Botanic and Eclectic practice, and our knowledge of its therapeutic characteristics is largely from this latter source. Triturations of the resinoid obtained from the root, *Caulophyllin*, is the most convenient and reliable form for use.

Caulophyllin in massive doses causes dryness and a sensation of heat in the mouth, the teeth feel sore and elongated, the tongue is coated with a whitish fur, sometimes aphthous ulcers appear, and deglutition becomes difficult. With this there is thirst, eructations, pains in the stomach and bowels, and soft or watery stools. The urine is copious, sp. gr. 1.008-1.010, dull pain in the kidneys, profuse leucorrhœal discharges (in women) or stinging pains in the penis and testicles (in men), aching in the

joints, vertigo, throbbing of the temporal arteries, and dimness of sight.

The chief interest of caulophyllum, as a therapeutic agent, centers about the ovario-uterine region, and as an anti-rheumatic; but it has other minor uses which may be glanced at first.

In dyspepsia, with spasms in the stomach, cardialgia, vomiting of sour or bitter fluid; spasmodic colic, from irritation of the spinal nerves; or spasmodic or hysterical spasms of the larynx or thoracic cavity, from the same cause; or headache, with dimness of sight, pressure behind the eyes, and in the temples, with fullness of the temporal arteries from spinal irritation, caulophyllin in the second or third decimal is effective. It is also used as a wash in aphthæ of the mouth in pregnant and nursing women, either alone or combined with hydrastis.

The Eclectic physicians use it in dropsy as a corroborant apparently with advantage, and Coe mentions it as having gained considerable repute as a vermifuge.

In rheumatism, it seems more beneficial to women than to men, and when the pains are inflammatory, and attack the small joints of the hands and feet. It has also been found useful in chronic rheumatism presumably uterine in origin, and in rheumatic and neuralgic headaches dependent upon the same source.

Its main therapeutic value, however, lies in its action on the uterus. It is used to prevent miscarriage or premature labor; tedious and painful parturition; spasmodic after-pains; spasmodic pains in the uterus occurring at any time or from any cause; and spasmodic dysmenorrhœa.

When in threatened abortion the pains are irregular and spasmodic, grain doses of the first decimal every ten or fifteen minutes will quiet the uterus and compel it to go its full term, or if not given soon enough, it will prevent untoward results and conduct the labor to a satisfactory conclusion. Given, in grain doses of the second decimal several times a

day, for a few weeks before the anticipated confinement, it tones up the uterus, prevents false pains, generally causes the woman to go a week or two over her time, produces very easy labors, and a rapid convalescence. Given at the time of labor, in five grain doses every ten to twenty minutes, it strengthens the pains, without causing the continuous pressure produced by ergot of rye, prevents flooding and the unnecessary sufferings which so many women undergo. Of course, where there are mechanical obstructions or deformity, caulophyllum is ineffectual, and in case of rigid os uteri should be preceded by gelsemium.

In spasmodic after-pains, and in suppression of the lochia with uterine cramps; in spasm from suppression of the menses; in menstrual colic; and in spasm of the broad ligaments from cold, rheumatism, or during pregnancy, caulophyllin, in the second or third decimal, is our best remedy.

In dysmenorrhœa it may be given several times a day during the intermenstrual period, and in most cases where the flow is nearly normal in quality and quantity, it will prove prophylactic.

In menorrhagia in alternation with helonias, and in amenorrhœa in alternation with senecio or pulsatilla, it is an admirable remedy. Both amenorrhœa and menorrhagia are often due to debility of the excito-motor nerves of the uterus, and when this is the case, caulophyllum is specific.

Leucorrhœa, when the mere passive exudations of the serum of the blood, from deficient involution of the uterine or vaginal tissues, is sometimes cured by caulophyllin.

In urethritis from masturbation; in congested cervix from the same cause; in endometritis; and in uterine chorea, it is often a very valuable remedy.

Dr. Helmuth has used it successfully for the removal of those discolorations of the skin of the face com-

mon in women with menstrual irregularities or uterine disease.

In uterine displacements it is often valuable as an intercurrent remedy, if there are spasmodic pains in the womb and sub-adjacent parts.

A CASE FROM PRACTICE.

BY

B. F. UNDERWOOD, M. D.,

Brooklyn, N. Y.

In presenting the following case from practice the writer has done so rather on account of the side light thrown upon some of the disputed questions of Homœopathic practice than from its presenting any novel features either in disease or treatment. In June 1881, I was called to see Col. J., a veteran of the late war and somewhat of an invalid from chronic diarrhœa contracted while in the army, and as a consequence of this living always upon a rather low diet. Upon this occasion he was attacked, while in his office in New York, by violent nausea and vomiting, accompanied by severe pains in the back and chest, necessitating his immediate return home. At the time of my seeing him, he complained of great prostration with continuous nausea, and frequent vomiting of watery fluid, severe, sharp pain in the right side of the chest impeding breathing and a heavy aching pain in the back and loins inducing restless tossing and turning. Pulse about 85. After some time spent in a fruitless endeavor to find a remedy covering all the symptoms, I decided to attack them in detail and as the nausea and vomiting were the most distressing began with tartar emetic, which gave prompt relief to the gastric symptoms, so that at my next visit the nausea and vomiting had entirely disappeared. The pain in the chest being next in urgency was attacked with Bryonia, and under this remedy was rapidly relieved, and the pain in the back in turn as readily yielded to Rhus. There now followed a return of the nausea which

again vanished under the Tartar Emetic. The patient now fell into a typhoid condition with restless nights. Upon leaving him in the evening, about the fourth day of his illness, I left him, on account of this wakeful, restless condition, a powder of Coffea 200 with instructions to take it about 10 P. M. On calling the following morning he complained that the powder had aggravated his condition and that for two hours after taking the powder he was more wakeful and restless than ever. Believing this a mere hallucination, I succeeded in convincing him that the powder had not had the effect he attributed to it, and the following evening left him another powder of the Coffea with instructions to take as before. The next morning he complained of the same effect of the powder as upon the previous night and said that during that time, *i. e.*, while in the excited and restless condition consequent upon the taking of the powder, he got up from bed and going to a table upon which stood a pitcher of ice water brought up for use during the night, had poured out glass after glass of the ice water and drank it, until he had emptied the pitcher. "But," he added, "I am better this morning, for upon getting back to bed I fell into a sweat and I feel strong and have a good appetite." From that time on he rapidly improved and aside from the weakness resulting from the disease, in a few days was well. During the continuance of the disease at no time did the pulse rise above 100, nor was there any disturbance of the bowels.

The points of interest in this case are first, the peculiarity of the symptoms in the onset of the disease presenting the indications for three distinct remedies, and the rapidity with which they were removed, each in turn when the indicated remedy was given and the question which naturally springs from this, whether the cure would not have been more rapidly effected and hence would it not have been better to have given

the three remedies in alternation? And is not the alternation of Homœopathic remedies not only justifiable but also sound practice?

Second, the action of the powders of Coffea 200 in aggravating the restless and wakeful condition. The repetition of the effect upon the second night confirming the experience of the first. The action of the higher potencies in developing new symptoms being of not rare occurrence. In a previous case, one of greater disturbance with many reflex nervous symptoms, which was under treatment for some time and where the indications for the remedy were obscure, Arsenicum 200 was given with the effect of developing the characteristic symptoms of Arsenicum by the following day, and which all subsided as soon as the remedy was discontinued, the other symptoms remaining unchanged.

The last point in the case is that of the curative effect of the ice water. It may be claimed that this was in one sense Homœopathic, as our medicines are so often described by our regular friends as "nothing but water," but it can hardly be called in the above instance a minimum dose.

CONTRIBUTIONS TO THE CLINICAL HISTORY OF THUJA OCCIDENTALIS.

BY

J. COMPTON BURNETT, M.D., London.

(Continued from Vol. X., page 211.)

CASE VI.—Master C—, æt. 11½, came under my care on August 18th, 1881, complaining of a cough, worse at 7:30 P. M.; he also coughed by day and through the night, but it did not wake him. He perspired fearfully, worse on the head, and worse during the night. Over upper half of left lung one heard moist crackling râles. The cervical lymphatic glands at the top of the apex of left lung were indurated and distinctly "feelable." He weighed 5 st. 4 lbs. The vaccination scars were on the left

arm, and the glands over the apex of right lung were not indurated. Induration of the lymphatics on the left side of the neck (the vaccination being performed on that side) is the rule after vaccination, as any one may observe for himself if he will take the trouble to examine a *healthy* child just before vaccination and any time thereafter. I say: *any time thereafter*, for the thing generally persists for a very long time unless cured by medical art.

℞ Thuja 30. m. ii. Sac. lac. q. s. Fiat pulv. Tales xxiv. One, three times a day.

Aug. 27th.—Is well of cough, but the sweats continue. To take no medicine.

Sept 6th.—The most careful examination of chest reveals no râle; there is no cough; the sweats have quite ceased; the said cervical lymphatics can *not* be found. The boy now weighs 5 st. 8 lbs., so that he has gained 4 lbs. in weight since he got the Thuja. Discharged cured.

The boy had been at school and was sent home to his parents by the school physician on account of his obstinate cough, and because his general symptoms excited alarm. To me it appeared to be the first stage of phthisis. That the boy should increase in weight at home just after returning from school is, of course, not necessarily due to the medicine; home life, too, would improve his nutrition generally, and would perhaps also account for the disappearance of the apex-catarrh, cough and perspirations. But what is to account for the disappearance of the induration of the cervical glands? Of course this case offers but little evidence of the existence of vaccinosis or of its cure by Thuja; so I will ask the reader to wade through yet a few more observations which I transcribe from my case-books. For if there be such a disease as vaccinosis, in other words if vaccination have any ill effects beyond those commonly epitomized under the name vaccinia, it is clearly important that

it should be recognized, and, its existence being demonstrated, it is desirable that we should know how to cure it.

CASE VII.—Mr. ———, a London merchant, came under my care on July 27th, 1882, to be treated for some roundish, hairless patches on either side of his chin, which began four months ago. The larger patch on the right side was about the size of a florin. Had also an old hordeolum on his right lower eye-lid. Has been twice vaccinated, the second time twelve years ago, did *not* "take."

℞ Thuja Occidentalis 30 (4 in 24). To take one, dry on the tongue, at bed-time.

Sept. 7th.—The bald patches are smaller, the one on the left side nearly gone. Has, apparently, a very bad coryza — ? — organismic reaction? Rep.

Oct. 17th.—The bald patches are gone; the old hordeolum also gone. The closely-shaven beard is now uniform, the previously-existing white bald patches being completely covered with hair. I give this as an interesting cure by Thuja, but I am not very sure that the disease was really due to vaccinosis, because of other points in his clinical history. Still it might have been so, as the hair is very powerfully influenced by the vaccine poisoning. Thus Kunkel observed both a very weak growth of hair, and an excessive growth, especially in wrong places, as effects, he believed, of vaccination. Therefore let it stand as a doubtful case of vaccinosis for what it may be worth, —but there can hardly be any reasonable doubt as to the cure of the case by Thuja. Here it might not be amiss to observe casually that the presence of sties on the eye-lids is often, in my opinion, a symptom of vaccinosis. This case is not without practical importance, inasmuch as hodiernal medicine hands over a sty to the surgeon's art; and all the time, poor old dame weens herself so very much superior to scientific therapeutics usually called homœopathy.

The conceit of orthodoxly ignorant is truly sickening.

CASE VIII.—A gentleman came under my observation on December 28th, 1882, complaining that he was suffering from a series of neglected colds. He is costive; got boils and pimples; has a number of warts, both flat and pedunculated; never had gonorrhœa; has severe frontal headache these three months; much pain across chest; and feels so out of health that he can no longer attend to his work, which is only light office work. He especially asks for a preventive for his frequent influenza colds. Flesh is flabby and skin spotted with pimples. The *habitual influenza*, the *chronic frontal headache*, the *pimply skin*, the *feeling of general malaise* point, according to my experience, to vaccinosis. But had patient been vaccinated? Yes, four times, and did *not* "take" the last *three* times. I do not expect many to agree with my theory that, when an individual is unsuccessfully vaccinated, he may have been seriously affected in his health by the reactionless vaccination, perhaps more so than as if it had "taken." But it is a *settled* point with me, and in these cases I find Thuja as promptly efficacious as in the ordinary forms of vaccinosis.

R. Thuja Occidentalis 30 (4 in 24). One at bed-time and on rising.

January 10th, 1883.—Wonderful improvement already in the first week; the headaches gone (had had them three months); pain in chest gone; and the bowels are less costive. What a change in twelve days!

R. Thuja Occidentalis 100, as before.

February 8th.—Well; he complains of nothing, and merely calls to thank me. This case made a considerable sensation in the gentleman's office-circle, partly because the change in his condition was so sudden and complete, and partly because he came to homœopathy demonstratively, unwillingly, and in consequence of the earnest solicitations of his chef de bureau.

CASE IX.—A young lady about

twenty years of age, was brought by her mother to me on October 28th, 1882. Patient had a very red pimply nose, not like the red nose of the elderly bibber, or like that due to dyspepsia or tight-lacing, but a pimply, scaly nasal dermatitis, which extended from the cutaneous covering of the nose to that of the cheeks, but appearing here more as facial acne. The nasal dermatitis was, roughly, in the form of a saddle. Of course this state of things in an otherwise pretty girl of twenty was painfully and humiliatingly unpleasant to her and to her friends, in fact it was likely to mar her future prospects very materially, more especially as it had already existed for six years and was making no signs of departing.

She also complained of obstinate constipation. The pimples of the nose and face used to get little white mattery heads. In trying to trace the skin-affection back to its real origin I ascertained that the patient was re-vaccinated six years ago, but she could not remember whether the nose was previously affected or not. This re-vaccination was unsuccessful, i. e., it did *not* "take."

R. Thuja Occidentalis 30.

November 30th.—Pimples of face decidedly better. Nose less red. Constipation no better.

R. Thuja Occidentalis 100.

January 3rd, 1883.—The face is free! Her mother gratefully exclaims "she is wonderfully better." I ask the young lady which powders did her *most good*? she says "the last." The skin of the nose is normal, but the constipation is no better, and for this she remains under treatment. That Thuja cured this case is incontrovertible, but that it was a case of vaccinosis is not quite so certain, though it is far from improbable. The re-vaccination and inflammation of the skin of the nose were referred both to six years ago when she was in Switzerland at school; but patient could not remember which was the first, the bad nose or the vaccination.

CASE X.—Mr. —, a gentleman

of position and means, about fifty years of age, came to consult me on 28th of June, 1882, for a neuralgia of the right eye. He had come in consequence of the cure of *case*—. He complained of almost constant pain in right eye ever since Christmas, 1881, i. e., just about six months. Had had neuralgia in head and shoulders in 1866, and so much morphia had been injected in his shoulders by a doctor in Scotland that it almost killed him; for seven or eight hours it was doubtful if he would recover. Has a brown, eczematous, itchy (at night), eruption on both shins and between the toes. The neuralgia of right eye, and for which he comes to me, is bad both by day and night, but rather worse at night. Mr. (now Sir William) Bowman had examined the eye and declared it to be neuralgia, the eye being normal. Mr. White Cooper had done the same. On my inquiring when he was last vaccinated, he seemed completely frightened, and stammered out rapidly, "I should not like to be vaccinated again." "Why?" "I was very seedy the last time I was vaccinated, in fact I felt awfully ill for about a month," and he again hurriedly protested that he would not like to be vaccinated again. The vaccination that had made him so ill was either in 1852 or 1853. This seemed to me to be a case of vaccinal neuralgia, and therefore I ordered Thuja 30, in infrequent doses. This was on the 28th of June, 1882.

July 8th. But very little pain after the first powder. To have the medicine again.

The cure proved permanent, and is interesting as proof of the rapidity with which the *most like* remedy can cure a neuralgia. And, considering how "awfully ill" he had been after his last vaccination, I think it rather probable that this case is an example of vaccinosis. What do you think?

Having narrated some rather striking cases of what I conceive to be the neuralgia of vaccinosis, let me pass on to a case showing evident tissue change or organic disease.

CASE XI.—On December 22d, 1882, a young lady of 26 came under my care for an ugly state of the nails of her fingers. Naturally a lady of her age would not be indifferent to the state of her nails. These nails are indented rather deeply, and in addition to these indentations there are black patches on the under surfaces of the nails, reaching into the quick. Very slight leucorrhœa occasionally. She had chicken-pox as a child of eleven. On her shoulders there is an eruption of roundish patches, forming mattery heads. Has been vaccinated three different times; the last time two years ago, and the nails have become diseased *since* this last vaccination. The black patches have existed these eighteen months. Looking upon this diseased condition of the nails as evidence of chronic vaccinosis I ordered her Thuja 30 (one in 6). March 19th, 1883. Has continued the Thuja 30 for just about three months, with the result that within a fortnight from commencing with it the black patches under the nails began to disappear, and there is now no trace of them. The indentations are notably better. The eruption on the back has not been modified, and for this she remains under treatment; but I thought this much of a case of nail disease would be of some interest, and the more so as it is not easy to demonstrate drug-action on nail growth at all. We will now go back to the head and the central nervous system.

CASE XII.—A young lady of about 25 years of age came to me in May, 1881, telling me that she had had some tooth-stumps extracted in November, 1880, whereafter there was hæmorrhage for eight or nine hours. Two very able men in the homœopathic ranks had treated her for some time with much benefit, but she still remained ill. *Conium* had been of greatest use. She still complained of ptosis of left side; sleeplessness; reeling to the right when walking out of doors, tendency to fall to the right. I gave her Equisetum hyemale (3x)

because her tongue was cracked. (Clinicians may note this *valuable* little wrinkle, *i. e.*, cracked tongue—Equisetum, of which I first saw an account in the Therapeutic Gazette.) It was continued for months with very great benefit, and was followed by Bellis per., and then by Juglans regia, &c. Then came Avena sativa, Cadmium 6 and 12, and Psoricum 30, and finally Titanium 30. These more or less well chosen remedies wrought a great change in the patient, but on the 29th of July, 1882, she still complained that the left eye was wrong. It made her feel sea-sick when she read; pains in left eye worse in the early morn; some ptosis of left upper lid; eye-ball stiff, and an aching across it and right across the forehead, and she was giddy in walking about. The case having thus come to a standstill, I cast about for some ætiologico-therapeutic appui, and in so doing learned that she had been vaccinated four times in all; the last time, three years ago, took but faintly. Thuja 30 soon cured the ptosis and the other described symptoms. Of course I cannot prove that we had here to do with a case of vaccinosis, but such it appeared to me. Well chosen remedies had greatly benefited the patient, but there seemed to be a bar to the complete cure, and Thuja effectually removed this bar. In chronic disease, when the right remedies seem barred in their action, Hahnemann, on the off-chance that it might be due to psora, recommended his disciples to interpose sulphur as the great, most likely, anti-psoric. Most of us have found this a very valuable clinical suggestion. Similarly, I have found that vaccinosis frequently bars the way, and then Thuja comes in with simple and beautiful effect.—From *Vaccinosis*.*

CASES OF CHOLERA.

BY

AMAR CHAND MUKERJEA, M.B.,

Calcutta.

(Continued from Vol. X. page 280.)

Case XXII. Babu B. L. Ghose, aged 32, an undergraduate of the Medical College and an intelligent Medical Practitioner, suffered from intense nausea on the night of the 18th and had one loose bilious stool on the morning of the 19th April; ordered Ipec. 3, every 2 hours.

11 A.M. Vomited twice and had one copious rice-water stool measuring about a pint and half; pulse weak; nausea very troublesome, no thirst; ordered Veratrum 3 after each stool and Antim.tart. 6, every hour or two.

5 P.M. Had two motions, each measuring about a pint and choleraic; urine suppressed since morning. Pulse very weak, almost thready, intense thirst; burning pain in the epigastrium and cramps in the abdomen and extremities; ordered Ars. 3, and Veratrum 3, in alternation, every hour, and Cuprum met. 6, if required.

10 P.M. Reaction has commenced, extremities warm; ordered Ars. 3, every 3 or 4 hours.

20th April. Pulse fair; ordered Canth. 3, every 3 hours.

21st April. Passed urine yesterday at 9 A.M. Doing well, ordered China for the bilious diarrhœa.

Case XXIII. Babu Bhaja Hari Chatterjea's daughter, aged 16, had four watery motions from the morning of the 10th April till 9 A.M. when I saw her first. I prescribed Ricinus 3, after each stool. She took only three doses and was all right within evening.

Case XXIV. Babu Nabin Chandra Ghose's son, aged 5, was attacked with cholera at 1 A.M. 21st April; ordered Ricinus 3, every hour.

9 A.M. Vomiting and purging more frequent, pulse very weak; ordered Ars., every hour.

10 P.M. Purging stopped since 6 P.M.; a little tympanites; extremities

* See review of Burnett, on *Vaccinosis*, page 232, August HOMŒOPATH.

cold ; pulse thready ; ordered Carbo, every hour.

22nd April. Pulse good ; urine still suppressed ; ordered Canth. 3, every 3 hours.

23rd. Doing well, ordered China 3, every hour.

Case XXV. Babu Banamali Charan Ghose's wife, aged 28, had three watery motions and had vomited once, on the morning of the 22nd April when I saw her at 9 A.M., she was shivering with cold ; ordered Acon. 3, every 2 hours. She was all right in the afternoon.

Case XXVI. Babu Syama Charan Sett's daughter, aged 9, had frequent watery motions from the morning of the 23rd April. I was called in at 4 P.M. when I found the pulse a little full and frequent, urine suppressed ; extreme restlessness and unquenchable thirst. Ordered Acon. 3, every 2 hours.

24th April. Made water this morning. Is doing well.

Case XXVII. Babu Kali Chandra Roy's brother, aged 20, of robust constitution and corpulent frame, was attacked with cholera on the 22nd April and was treated by an allopathic quack. I was called on the morning of the 23rd, when I found the patient passing scanty choleraic stools almost every hour, extremities cold, pulse weak, urine suppressed ; ordered Ars. 3 and Canth. 3, every 4 hours in alternation.

24th April, 7 A. M. No motion since last night ; urine still suppressed ; pulse very weak, extremities icy cold ; somewhat drowsy ; troublesome hiccough and dry retching ; ordered Kali bichrom. 6 and Carbo v. 6, in alternation, every 3 or 4 hours.

7 P.M. Made water at 3 P.M., pulse improved, extremities warm ; hiccough still very troublesome. Ordered Nux v, 6, every 3 hours.

25th April. Doing well.

Case XXVIII. Babu Golok Chandra Banke's child, aged six months, suffering from diarrhœa for the last three days, was placed under my

treatment on the night of the 26th April, I found the little patient passing thin sour smelling stools, containing curdled milk almost every hour ; ordered Rheum. 3, every 2 or three hours, and to have barley-water for diet.

27th April 7 A.M. The stools are bilious but still loose. Omitted Rheum. and ordered Ipec. 3, every 2 or 3 hours.

10 P.M. Passing choleraic stools and vomiting every now and then ; extremities cold ; pulse very weak ; ordered Ars. 30, every 2 hours.

28th 7 A.M. No more vomiting but the stools are more profuse ; extremities cold ; urine suppressed since yester eve ; ordered Verat. and Carbo, in alternation, every 2 hours.

1 P.M. I was called in haste to see the child writhing under convulsions, with the trunk and extremities quite rigid and cold, snoring breathing, contracted pupils, strabismus and tympanitic abdomen ; ordered Opium 3, every 2 hours.

10 P.M. Had two fits only, one at 3 P.M. and the other at 9 P.M. ; made water at 5 P.M. pulse fair, pupils dilated ; no rigidity ; omit Opium, to have Bell. 30, every 2 or 3 hours.

29th April. Lying comatose, with eyes half opened, rolling the head from side to side ; pulse fair, diarrhœa much the same ; cont. Bell. 30, with Sulph. 30 as an intercurrent remedy, every 8 hours ; ordered milk in spoonful doses, mixed with a sixth part of lime-water, every 2 hours and barley-water as before.

30th. Intense thirst ; opening the mouth often and trying to swallow any thing within reach ; somnolency ; glassy appearance of the eyes ; frequent emission of opaque and milky gritty urine ; stools loose, and greenish-white ; ordered Acid phosph. 30, every 2 hours.

1st May. Diarrhœa a little less ; ordered Sulph. 30, every 3 hours.

2nd May. Consciousness returning, but the diarrhœa very troublesome ; ordered Phosph. 30, every 3 hours.

3rd May. Doing well, stools fæculent; omit all medicine.

4th May. Doing well; a little wheezing in the chest, rolling the head from side to side at times; ordered Bryonia 30, every 6 hours.

6th May. Is all right.

Case XXIX. Babu Preo Nath Ghose's wife, aged 20, was seized with cholera on the morning of the 29th April; and when I was called to see her at 1 P.M. she was in a state of collapse; prescribed Ars. and Carbo, in alternation, every 2 hours.

11 P.M. Pulse improving but severe burning pain in the stomach and abdomen, with cramps in the fingers and toes which are spread apart, urine still suppressed; ordered Secale 3, every 2 hours.

30th April. Pulse fair; urine still suppressed; skin warm; ordered Canth. 3, every 3 hours.

1st May. Doing well, made water yester-evening.

Case XXX. Babu Golok Chandra Banke's wife, aged 25, had choleraic motions since the morning after 30th April till 1 P. M., when I was first consulted. Pulse good, but urine suppressed; ordered Veratrum 3, after each stool.

1st May. The stools are bilious and slimy, but the urine still suppressed. Ordered Canth. 3, every 3 hours.

2nd May. Doing well.

Case XXXI. Babu Bacha Ram Banke's wife, aged 35, was attacked with cholera on the morning of the 30th April, the sixth day of her confinement, when I was called at 10 A. M. I saw her almost in a swoon, after three copious motions. The motions were choleraic, cramps very severe; pulse almost imperceptible; ordered Veratrum after each stool and Cuprum till the relief of spasms.

6 P. M. Pulse little better; cont. Verat. 3, every hour.

1st May. The stools bilious; urine still suppressed; ordered Canth. 3, every 3 hours.

2nd May. Doing well, ordered China 3, every hour.

Case XXXII. Babu Bacha Ram Banke's baby, aged one week, was seized with cholera on the night of the 30th April. I saw it first at 10 A. M., 1st May, when the patient was in profound collapse with tympanitic abdomen; ordered Ars. 30 and Carbo 30, in alternation, every hour. The patient died at 1 P. M.

(To be continued.)

As a general rule, a sad child has an encephalic lesion; a furious child, an abdominal one; a soporific child has both, though indistinctly defined.

Pruritus ani and the distressing itching of urticaria and mosquito bites can be much alleviated by local applications of menthol. It may be used by rubbing the menthol pencil lightly over the surface, or by dissolving a small amount in alcohol and bathing the part.—*Polyclinic*.

Since, until a child is able to speak clearly, his relations with the physicians are purely objective, it is very necessary that we should study as carefully as do the veterinarians the exact correspondence between lesions and the expression of the patient.

CHEESY GLANDS — IODOFORM DRESSING.—Prof. Gross says: "The best dressing for use after removing cheesy glands from the axilla, is iodoform, because it prevents the formation of the giant cells of which tubercle consists." — *Col. and Clin. Record*

FRACTURED PATELLA — ASPIRATION.—Dr. M. Heath, of London, thinks the separation of the fragments of the patella due not to muscular action, but to presence of fluid in the joint. He aspirates when necessary, but prefers to put the knee at once in a plaster splint.—*Med. and Surg. Rep.*

THE
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EDITORIAL.

Noblesse oblige, our privilege compels us ; we professional men must serve the world, not, like the handicraftsman, for a price accurately representing the work done, but as those who deal with infinite values, and confer benefits as freely and nobly as nature.—
EDWARD EVERETT HALE.

A happy and prosperous New Year to you.

* * *

Correspondents, exchanges, publishers, subscribers and others to whom this journal may come are respectfully invited to note the change in name.

* * *

The motto which we have selected as the key-note of the HOMŒOPATHIST for the coming year is one of pe-

culiar significance to American physicians in these times of financial depression. When so many feel the touch of pinching poverty the physician's burdens are increased, and his hope of material recompense is lessened ; but to the true physician, and their name is legion, albeit there are so many unworthy and mercenary men among us, who recognizes the infinite values with which he deals, the work is its own chief recompense. And although the selfishness of men is seen nowhere more glaringly than in the frequent disregard of financial obligations to the physician, yet nowhere are sacrifices of time, strength, and health so willingly made for the benefit of the community, with less hope of adequate compensation, than by our profession. It is given to few of us to be famed ; but each of us can do his duty, and leave the world better for his having lived in it ; and it is to the enduring honor of the medical profession that so vast a proportion of its number are faithful to the trust reposed in them.

* * *

The question of the dose in the Homœopathic school is a ghost that will not down, and ever and anon rears its uneasy head to the manifest discomfort of institute and society. Where agreement can be had on the cardinal point of our faith, *Similia Similibus Curantur* (or shall we say *Curentur*), it would seem that the matter of the dose, high potency, low potency, or no potency, could be safely left to the judgment of the individual practitioner. The different results obtained from the same drug when given in the different potencies, and the many points yet un-

determined make this still an open question, and any attempt to set a limit to the degree of dynamization, either high or low, is uncalled for. Hahnemann used camphor in at least one epidemic of intermittent fever in doses of from thirty to forty grains per day, but perhaps Hahnemann is not an authority in these days.

* * *

Apropos of the Institute, how very solicitous for our welfare, "our friends, the enemy" have become in the hope of its dissolution and the prospective dropping of the distinguishing title of Homœopathic, drawing the welcome conclusion "that the end is near. Homœopathy should be taught in all medical colleges as a branch of historical medicine or physiological therapeutics. In that direction matters are rapidly tending," says the *Medical Record*. Not so fast, friend Record, the Homœopathic lamb is not yet ready to lie down inside the Allopathic lion.

* * *

The benign and kindly influences which pervade the atmosphere of the New York Academy of Medicine are known of all men, and have but recently been stirred anew by the gentle hand of Austin Flint, Jr., who, consorting with others of like mind, boldly asserted that the president (Fordyce Barker) had no diploma, and was consequently an illegal practitioner. The charge had but to be asserted to be disproved. For though no diploma was forthcoming, a number of prominent gentlemen have stated that it certainly once existed for they had seen it. It seems a mystery that there should be no

official mention of the granting of the diploma by the Paris School, but there is none whatever as to the motive controlling the Codemen in bringing the charge. It has since been suggested, that in view of his well-known predilections, the younger Flint had better crawl into a very small hole, and draw the hole in after him.

* * *

The recent increase in the number of cases of cholera in Paris has produced a corresponding amount of alarm on this side of the ocean, and a thorough setting of our houses in order will be the probable outcome. It is hardly probable that we can escape a visitation of the disease next spring despite the most rigid quarantine, and a reading up on cholera will be in order. As to its origin very little appears to be known. The microbe theory of Dr. Koch has not advanced beyond the stage of an hypothesis and the facts seem to be rather against than in its favor. According to Messrs. Roux and Strauss, two eminent French surgeons in the hospitals at Toulon, the microbe is the result, instead of the germ, of cholera.

"In certain 'foudroyant' cases (*i. e.*, those in which death comes quickly, unaccompanied by vomiting or dejections) they have found no microbe at all; while in others, the number of bacilli is in proportion to the duration of the disease.

"They state that similar microbes are generated in the intestines by typhoid fever and other zymotic diseases, and that they are found by myriads in water, which, being drunk, does not create cholera. Animals

have been fed and inoculated with bacilli taken from the alimentary canal of diseased cholera patients without producing any effect whatever."

* * *

It is gratifying in this connection to know that the death rate in New York City has been decreasing during the past four years, according to *Dr. Nagle, Deputy Register of Vital Statistics*: "Since 1880, when the city's population was 1,206,577, there has been an increase of about 150,000, notwithstanding that about 144,000 inhabitants have died. The total number of deaths in 1881 was 38,624 and the death rate per 1,000 inhabitants was 31.08. In 1882, 37,924 persons died in the city and the death rate was reduced to 29.62. The deaths last year were 34,011 in number and the death rate was only 25.81. The indications are that the mortality during this year will be less than in 1883. In 1854, a cholera year, the death rate was 42.46, and the hot summer of 1872 raised the death rate of that year to 33.76. The lowest death rate recorded in this city since 1804 was 20.79 in 1844. If all the inhabitants lived to old age the death rate would be about 17."

* * *

The carrying of politics into medicine is a wrong that should receive condemnation at the hands of all physicians, whether it be the governor of a state, discriminating against the smaller organization in hope of catching votes from the other side, or county institution that is made a political machine. The latest instance is that of the Cook County Insane Asylum, where Dr. Clüenger, pathol-

ogist in the Asylum, who is acknowledged to be a careful student of the proper methods for treatment of the insane, has prepared a statement in which he demonstrates how completely the management is a part of the county political machine. Men, brutal by nature, are given positions in the asylum, who pay no regard to the directions of the medical instructors and persistently maltreat patients. One of the most flagrant abuses related is that of administering strong sleeping potions to patients, which has caused the death of many, and no inquiry has been instituted to put a stop to the murders. Civil service reform is evidently a crying want in Cook county.

* * *

The Royal College of Surgeons, of England, will receive nearly a million of dollars from the estate of the late Sir Erasmus Wilson. The late Countess Bose, of Cassel, bequeathed some two hundred thousand dollars to the University of Berlin, to be devoted to medical purposes. The Czar, as the "street" calls Mr. Vanderbilt, gave half a million to the College of Physicians and Surgeons, of New York, for a building. If this thing is going to become epidemic the Homœopathic College of this city wouldn't mind taking the disorder, also.

CORRESPONDENCE.

— — — — —
DEAR DOCTOR WINTERBURN;—

I have been using the Muriate of Cocaine for some little time in the ear clinic of the New York Ophthalmic Hospital with very gratifying results. I send you this communication simply to add another fact or two to the record of the drug. While

the journals have been filled with articles relating to its marvellous powers in producing anæsthesia of the eye; and now and then a reference or statement as to its anæsthetic effect on the ear, I have seen comparatively but little with reference to its use in allaying pain in cases of ear disease.

I will trespass on your space only to relate one or two cases. On November 14th, I applied to the ear of Nettie L., aged 23, four drops of a 4% solution. She had been suffering intense pain for upwards of a week due to a suppurative condition of the middle ear, with a long history preceding it. In addition to the middle ear disease, was an extensive ulcerated condition of the canal, exquisitely tender, filled with granulating points, easily bleeding, and extending some distance into the cavity of the concha. Altogether, a "nasty" case.

She had been under treatment for some little time, but steadily refused to improve, or cease from suffering. In less than thirty seconds after the application, she announced herself as free from pain for the first time in about ten days. This relief lasted some twenty minutes when the pain recommenced. Another application gave instant relief. She went home, and reappeared on the 17th, telling me that after the last application she had felt no pain for twenty-eight hours, when it reappeared and steadily remained from that time (Saturday evening) until the present (Monday P. M.,) when it was as bad as ever. The Cocaine solution was again applied, and she has had no pain from that moment, since. Moreover, from that time a healing process commenced, and by the end of a week, the diffuse ulceration was entirely removed and new clean tissue in its place for a distance of half an inch within the meatus. Several other cases of intense pain from acute attacks have been similarly relieved. As a matter of curiosity, I tried its effect upon tinnitus in two cases, both

women, with a chronic catarrhal condition of the middle ear. In one there was very decided relief lasting for about twenty-four hours, in the other no effect. I did not expect any in either case, for from what we know of its action there is no ground to look for it. Its anæsthetic power in permitting manipulations in the canal and region of the membrane has been shown beyond question in this clinic. Now if to its anæsthetic properties, we shall find on further trial a therapeutic power added, its value will be increased far beyond what the first reports concerning it, led us to expect. How this is accomplished it is yet too early to say. Whether by depriving the capillaries of their contents, which it most unquestionably does, or by the relief of pain eliminates a neurotic element, farther experiments are necessary to determine. This is a point which I shall watch with great interest.

C. F. STERLING, M. D.,
Asst. Surgeon N. Y. Oph. Hosp.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

A special meeting of the Homœopathic Medical Society, of the County of New York, was held on the evening of November 26, Dr. Doughty, President, in the chair.

The President stated that the object of this special meeting was the consideration of the reports of the Bureaux of Otology and Laryngology; which were laid over because of the number of papers presented at the regular meeting held Nov. 12.

Dr. Sterling, Chairman of the Bureau of Otology, introduced Dr. Henry C. Houghton.

Dr. Houghton presented the following clinical cases:

CLINICAL CASE NO. 1.—William Birchard, German, age 65, applied at my clinic at Ophthalmic Hospital for relief from pain in right ear. Examination showed history of long stand-

ing suppurative disease, the tympanum was filled with pus, the mastoid involved, the parotid swollen and very hard, no fluctuation detected. The patient was so badly prostrated that I advised his admission at once to the free beds of the hospital. He was admitted the same night, Oct. 1.

Under improved diet and various remedies such as Ferrum phos., Hepar s. c., Kali phos. and Arsenicum he improved, the swelling in the region of the parotid enlarged, and on opening discharged freely, pressure from below upward caused free discharge of yellow pus from the incision and from the tympanum through the perforated membrana tympani. The patient complained constantly of intense pain in the head involving the right side; the night was the time of greater suffering, sleep was almost impossible on account of the pain in the head.

The above state continued through the month, the inflammation of the mastoid subsided, the infiltration below the auricle all disappeared and very little pus was evacuated from the incision, upon pressure pus flowed freely from the meatus. The general constitutional condition did not improve, as the symptoms were relieved. Murdock's Food was added to the diet. Monday, October 29th, he expressed great longing for lager beer; this was allowed, and seemed very grateful. Tuesday, October 28, he had lager again and soon vomited it. Nausea continued, and some difficulty of breathing. From this time he sank gradually without convulsive action, and died at 3.30 P. M.

Difficulty was met in obtaining permission for the autopsy, but it was made October 30. The brain was in a state of extreme venous engorgement, the membranes thickened, the arachnoid opaque, the cerebral substance softened, especially in the left middle fossa, where the dura mater was separated from the bone and pus accumulated underneath, roughly estimated at two or three drams. The osseous tissue was extensively denud-

ed and reduced to a mere shell over the tympanum and line of convolution of superior semi-circular canals. Pus flowed from a sinus in the bone, which extended backward and was broken up by the saw in removal of the calvaria, but this undoubtedly opened externally and communicated with the incision made to relieve the accumulated pus in the parotid region.

The case is interesting as enforcing the lesson of the necessity of early and continuous care of suppurative inflammation of the middle ear. It illustrates the tolerance of great tissue changes, and suggests the wisdom of the practice of opening the cranial cavity in order to relieve the brain from the pressure of pus or serum.

In answer to questions Dr. Houghton said there were no constitutional taints and outside of the local trouble the man appeared to be good for ten or fifteen years of life. In such cases there is no means of escape for the pus except that offered by an operation: these cases are necessarily more fatal to adults than children because of the more yielding condition of the tissues in children. Usually when patients die from this trouble there is more convulsive action and mental disturbance and less coma.

Dr. Sterling mentioned a case at present in the Hospital; a child had suppuration going on in both ears since an attack of scarlet fever last spring; was taken with great pain about ten days ago, there had been no pain previous, there was very great tenderness and high fever; on Saturday last with the assistance of Drs. Norton and Warner had operated, incising the tissues to the mastoid bone to the sinus; the changes in the condition since then have been excellent; the child is without pain the incision is still discharging and will be kept open till it heals from the bottom.

Dr. Houghton said he thought those who were gaining experience most in this branch of practice were learning to impress upon practitioners and

patients that they are never out of danger so long as a suppurative discharge is present. Dr. Searle, of Brooklyn, has reported a case similar to the one mentioned by Dr. Houghton in which the temporal bone had been attacked by necrosis; which had been relieved by Ferrum Phos. followed by Silicea. Although cases may be relieved by remedies or an operation the rule is, the patient is never out of danger until the inflammatory process ceases. In answer to a question regarding the use of Boracic acid Dr. Houghton said he believed it to be the best local remedy we have; and had derived great satisfaction from combining it with Plantago; equal parts of Boracic acid and Saccharum Lactis; one dram of Plantago to two ounces of the trituration.

Dr. Houghton read case No. 2; as follows:

CLINICAL CASE No. 2.—Mrs. V., age 35, married. Had decided loss of power after confinement six years ago. Naso pharyngeal catarrh, and intermittent fever may have been previous exciting causes; has had large doses of quinine. R Eustachian closed L. dilatable. Mtt. depressed, thin, translucent. H. D. R. $\frac{3}{240}$. L. $\frac{6}{20}$. Tinnitus. Kali mur.⁶ and use of induced current with occasional inflation by Politzer's method was used till June 5, when the H. D. R. $\frac{15}{240}$ L. $\frac{20}{20}$. The patient then complained of intense neuralgic headaches and Plantago maj. was given.

June 14. Had congestive chill, life was despaired of and large doses of quinine were given to break the force of the congestion. The next day consciousness being restored, the doses were gradually reduced. After each dose there was increase of tinnitus with intense nervous excitement, the tinnitus was mixed and increased by exertion or in the recumbent position. The right ear did not appear to our mind to have suffered, but the left had failed at once, and to an extreme degree. The tinnitus being worse on that side, Mtt.

as before, save that the L. was slightly pinkish, not really hyperæmic, H. D. R. $\frac{15}{240}$, L. $\frac{30}{240}$, gave China 77, chv. 12. Much improved tinnitus in R. bad, in left much less. H. D. R. $\frac{20}{240}$, L. $\frac{32}{240}$. Kali mur.

At the conclusion of the reading of this case Dr. Houghton gave an account of the effects of the second centesimal trituration Quinia upon himself while suffering from a blood poisoning from the absorption of products of a carbuncle; and gave the history of a case of poisoning by Secale Coruntum cured by a high potency of the same drug.

Dr. Houghton then read case No. 3; as follows:

CASE No. 3.—Mrs. H., age 50, had suppurative inflammation of middle ear in childhood. Had supuration of right ear last spring which was cured after a prolonged and annoying treatment, made so by the sensitive nature of the lady, the dread of instruments caused nervous palpitation and great reaction followed the exercise of the will at each sitting. During the summer the ear remained well.

This month (November) she had a sense of fulness in the ear, and on examination the canal was found full of exfoliated cutis and dry detritus.

Efforts at removal caused the same discomfort. Cosmoline was instilled and a second trial removed a portion of the accumulation.

November 21st I instilled a few drops of hydrochlorate of cocaine, and after ten minutes the sensitiveness was much less. A second instillation was used for ten minutes more. Then I was allowed to use a Buck's curette with a degree of force sufficient to remove the adherent shreds from the remains of the cut and the roof, causing bleeding.

November 24. The same method was used with similar comfort. Bleeding followed.

Nov. 26. To-day granulations were noticed where the shreds had been removed and a pledget of cotton saturated with 4% solution was placed upon

them for ten minutes, then I could touch the bleeding surface with Ammon. mur. saturated solution.

On Monday last a girl about 13 years old, who had presented herself at the clinic of the Ophthalmic Hospital with obstruction of M. E., and I was unable to determine the nature of the trouble, was subjected to a trial of the Cocaine. Ten minutes sufficed to anæsthetize the tissues so that I drew from the canal a mass of exfoliated tissue that had been like horn. A second application and an interval of five minutes enabled me to clear the ear.

Dr. A. B. Norton read a paper prepared by Dr. Charles G. Davis, giving a *Resumé of the Progress of Otology during the past year.*

Dr. Sterling said: that while the Hydrochlorate of Cocaine has been used quite extensively upon the eye but little has been said regarding its effects upon the ear; several cases have come under his care recently, the accounts of which might interest the Society. One a young woman about twenty suffering from a suppurating condition of the middle ear and secondary diffuse inflammation of the external ear; there was great tenderness, and intense pain she came several times without obtaining relief; a few drops of the two per cent. solution of Hydrochlorate of Cocaine were applied and relief experienced in less than two minutes; the pain returned in the course of twenty minutes and the Cocaine was applied a second time; there was no pain for twenty-seven hours after this application; when this patient came again a third application was made and no pain has been experienced since. After applying the solution quite a profuse hæmorrhage occurred, but when last seen the healing process was going on remarkably well. The second case was one of acute catarrhal trouble; it was relieved for eighteen or twenty hours after a first application, and after a second using of the solution has had no pain. Several cases of acute suppuration

have been relieved by it. Dr. Sterling believes this drug will be valuable as a therapeutic as well as an anæsthetic agent as in these cases after the irritation was relieved, other remedies appeared to act which seemed powerless before. After its application there appeared to be a decided increase in the flow of blood for a short time; if this reduces the congestion the first step towards resolution is accomplished.

Dr. Houghton agreed with Dr. Sterling as to the future value of this drug. The fact of its not being followed by secondary effects will make it far superior to Atropine, which is so much used, and is so likely to be followed by serious constitutional effects.

BUREAU OF LARYNGOLOGY.

Dr. C. E. Beebe read a paper on "A Case of Syphilitic Necrosis of the Bones of the Nose."

Dr. Leal said one of the most important questions regarding the prognosis of cases of necrosis of the nasal bones due to syphilitic troubles, is the amount of deformity likely to occur; and questioned the possibility of making a prognosis.

Dr. Beebe said it would be impossible to form any opinion regarding the amount of deformity likely to occur as long as active inflammation or ulceration of the structures supporting the nose continued.

Dr. Beebe then presented in detail the results of experiments with cocaine hydrochlorate in the following diseased conditions of the nose, pharynx, larynx, and tongue.

Some two hundred applications of a four per cent. solution had been made in the cases of forty-four patients. Period of experimentation, ten days.

Swelling of the nasal mucous membrane, acute and chronic; ulceration of the same, anterior and posterior; lesions requiring the employment of the galvano-cautery; true hypotrophy of the mucus membrane of the nose; foreign bodies in the nares;

rhino-polypus ; tubercular ulceration of the pharynx, larynx, and contiguous structures ; tonsillitis ; hypertrophied tonsils with tonsillotomy ; papilloma of the vocal cords ; web in the larynx ; and syphilitic ulceration of the tongue.

The speaker entered very minutely into a description of the effects of the cocaine in each of those lesions, and expressed himself as having achieved results far beyond his expectations. The theory upon which the action of the drug is based, was presented, and the experience of different experimentalists quoted.

Dr. A. B. Norton, recited a case of tonsillotomy with similar results to the first case reported by Dr. Beebe.

A girl twelve years of age who was extremely nervous from remembrance of a previous excision of the other tonsil, (and possibly somewhat from deafness due to a chronic suppuration of the middle ear), was operated on five days ago. After considerable coaxing and assurance that I was not going to hurt her she allowed me to make several applications with a brush to the tonsil of a 2 % solution of Cocaine.

Tonsillotomy was soon made and the girl assured me there was no pain, the hæmorrhage was much less than usually occurs, and one feature that struck me as being truly surprising is that she has had *no soreness of the throat following*, if this is due to the Cocaine it will be a great relief for patients always complain of excessive soreness for some days after removal of the tonsil.

Dr. Dillow said his experiences with Cocaine had been very satisfactory ; in one case of excision of the tonsils in which it had been employed. There was a considerably difficulty experienced in attempting to get at the tonsils owing to the reflex spasms of the pharynx.

It was a question in the speaker's opinion whether cocaine had the same effect over lessening reflex sensibility that it has in producing anaesthesia. In applying it in the larynx, he had

noticed that while the epiglottis could be manipulated without irritation, the posterior wall of the larynx could not be touched without immediately producing cough reflex spasm.

Dr. Leal said the solution Dr. Dillow had experimented with was one prepared by him and contained a quantity of potash. Dr. Leal has used a four per cent. solution of Merck's preparation of Cocaine with excellent effect in several instances. In one case of swelling of the nasal mucous membrane where breathing was impeded the reduction of the swelling and blanching of the surfaces and anæsthesia occurred within three minutes. There was a coldness of the surface felt by the patient who said the sensation was similar to the effect produced by peppermint. Dr. Leal thought there was more immediate effect at the second sitting than at the first.

Dr. Palmer said he had experienced a sensation in the pharynx in experimenting with Cocaine similar to the effect of peppermint mentioned by Dr. Leal's patient.

Dr. Houghton thought a remedy as important as Hydrochlorate of Cocaine appeared to be should be studied thoroughly, not only in its immediate but in its remote effects.

Dr. Leal exhibited and explained the use of a new Tongue Spatula.

Dr. McDowell read a paper on the progress of Laryngology during the past year.

The society then adjourned.

Annual meeting of the Homœopathic Medical Society, of the County of New York, was held on the evening of December 10th. Dr. F. E. Doughty, President, in the chair.

On motion, the reading of the minutes of the last regular meeting and the special meeting held Nov. 26, was dispensed with.

Dr. Cowl, nominated for membership C. E. Teets, M.D., Graduate of the New York Homœopathic Medical

College, '84. Seconded by Dr. Houghton.

The election of officers for the ensuing year was then held with the following result :

President—Dr. Geo. M. Dillow.

Vice-President—Dr. C. A. Bacon.

Secretary—Dr. A. B. Norton.

Treasurer—Dr. T. Franklin Smith.

Librarian—Dr. Alton G. Warner.

Board of Censors—Drs. C. E. Beebe, J. M. Schley, F. H. Boynton, Robert McMurray, George W. Winterburn.

The Executive Committee reported that they had examined the list of delinquent members referred to them for action, and recommended that all members with two exceptions over two years in arrears be suspended from the privileges of membership until their dues be paid ; and the Secretary instructed to notify such members of the action of this society.

On motion, the report of the committee was adopted and the secretary requested not for publication to enter the names of the suspended members on the minutes.

Dr. T. Franklin Smith, treasurer, presented his report of the financial condition of the society during the past year.

Homœopathic Medical Society County of New York, in account with Thos. Franklin Smith, Treasurer.

By balance from acct. \$337.67

By dues from members, \$222.00

By interest, 6.70

Total, \$566.37

To cash pd as pr vouchers \$285.55

Balance to acct. 280.82

\$566.37 \$566.37

The president appointed Drs. Beebe and Boynton a committee to audit the accounts of the treasurer.

Dr. Houghton said he would move, in accordance with the notice given to the society at the last annual meeting, that the by-laws of the society be amended in that portion relating to the hour of meeting, to read as follows : The hour of meeting shall be eight o'clock p. m. The motion was seconded by Dr. Schley and adopted.

Dr. Smith stated that he had received a letter, a short time since, from Dr. Henry R. Stiles, requesting him to present his resignation from the society because of removal from the county. Dr. Smith had forwarded the letter to the secretary, but it miscarried. Dr. Stiles was clear on the books.

The president decided that no action was necessary, as removal from the county severed connection with the society.

The Auditing Committee reported that the accounts and vouchers of the treasurer were correct.

On motion, the report was received and the committee discharged.

Dr. Boynton moved that the customary donation of ten dollars be given to the janitor, for his care in keeping the room in order and attending to the wants of the society at its meetings ; seconded by Dr. Lillienthal, and adopted.

Dr. Houghton said, a number of years ago it was the custom of the society to donate a sum of money to the authorities of the Ophthalmic Hospital each year for the use of the hall, gas, etc., and suggested, if the funds of the society would warrant it, a donation be made.

Dr. Cowl moved that the sum of twenty-five dollars be appropriated as a donation to the authorities of the Ophthalmic Hospital, for the use of the room, gas, etc. The motion was seconded by Dr. Leal, and adopted.

Dr. Cowl said he understood the minute-books of the society were not in possession of the secretary, and asked if any of the members knew of their present location.

Dr. Boynton said he had two of the old minute-books in his possession, and believed Dr. E. Carleton had one.

Dr. Norton, secretary, said he had in his keeping the first and latest minute-books.

Dr. Houghton said he thought the minute-books of the society were valuable and should be cared for ; and

moved that the secretary be empowered to go to the necessary expense for the preservation of the records of the society. After much discussion, the motion was seconded by Dr. Cowl, and, on being put to vote, was lost.

Dr. Lillienthal said he thought the funds of the society should be kept above some stated amount, and suggested \$200 as the minimum, so that the society would be in a position to assist needy members if necessary.

Dr. Schley asked if in the opinion of the members it was possible to form some sort of organization with a fund for the assistance of widows and orphans of physicians; there is at present such an organization in the old school, which has come up from a very small beginning; he believed something could be done, and is ready to contribute to such an undertaking at any time.

Adjourned.

ABSTRACTS.

If you wish to cure rapidly and well, joint-disease in infants, you must treat them as you would a conflagration—douches, douches, and more douches, until you have succeeded in extinguishing them.

BLOOD CLOTS IN THE BLADDER—PEPSIN.—The editor of this Journal was once called upon to relieve the distress occasioned by a bladder distended with clotted blood. He injected a scruple of Jensen's crystal pepsin in an ounce of warm water, and had the satisfaction of seeing the patient pass a full stream of urine and disintegrated blood, in less than twenty minutes.—*Northwestern Lancet*.

CIRRHOSIS.—Prof. Da Costa teaches that in the early stages (before contraction) of interstitial hepatitis (cirrhosis), a cure may be effected, but that after contraction nobody

ever recovered. He has seen the disease in women who did not drink, and the worst case he ever had was in a boy four years old, in which the diagnosis was confirmed at the autopsy. Inherited syphilis is a cause of it.—*Med. and Surg. Rep.*

STRANGULATED HERNIA—POINT IN THE DIAGNOSIS.—Dr. Englisch, of Vienna, (*British Med. Jour.*), on examining the urine of patients under treatment for strangulated hernia, has ascertained that it always presents albumen in proportion to the duration of the strangulation. If surgical means be not adopted, the albuminuria continues until the death of the patient. The quantity of albumen is not affected either by the date of the hernia, the size of the sac, the frequency of anterior strangulations, nor by a febrile condition. When there is simple protrusion of the omentum,

HYDROCHLORATE OF COCAINE IN OBSTETRIC PRACTICE.—F. W. Hendley, assistant to Dr. W. H. Taylor, in the obstetric department of the Cincinnati Hospital, having occasion to pass the catheter in a case where there were severe lacerations in the vicinity of the meatus urinarius on several occasions found the pain greatly diminished by previously applying ten to fifteen drops of a two per cent. solution of the new anæsthetic.

FECAL UMBILICAL FISTULA.—There have recently been two cases of this chronic affection in the Louise Ward (Hospital for Sick Children, Great Ormond St., London), and in each instance a cure was permanently established. The treatment consisted in thoroughly cleaning out the alimentary canal by purgative and enema, and then in keeping it in a state of absolute rest by the continuous administration of small doses of opium. At the same time cod-liver

oil was prescribed, and the wound was left undisturbed under a pad of dry wool.

INTERMITTENT FEVER EXCITED BY INTESTINAL WORMS.—Dr. Rousseau relates in *L'Union Médicale* the case of a young woman, nineteen years old, who was attacked with an intermittent fever of very severe type. The attacks recurred at frequent intervals for over a year, during which time the patient became emaciated and suffered severely in her general condition. Quinine and other antipyretics were tried repeatedly without effect. Finally several ascarides were passed, and an anthelmintic treatment being then ordered, two hundred and twenty-nine worms were passed in four months. The intermittent attacks at once ceased and did not recur.

MENTAL ELEMENT IN GOUT.—Dr. J. Mortimer Granville calls attention in the *Lancet* (Aug. 16th) to the clinical fact that an attack of gout is particularly liable to occur in the gouty subject at either of two mental or cerebral crises: on the eve of a great mental effort, when the brain is at its highest tension; or after an intellectual effort, when the centers are exhausted. In the former case the attack is severe and accompanied by neuralgic pains; in the latter it may take the form of an epileptic fit or syncope, followed by more or less prolonged depression, or it may rapidly develop into a formulated arthritis of the ordinary type. In the former there is present a neurosis which calls for special treatment after the paroxysm is over.

CHOLERA A MISNOMER.—It is a singular fact that the very name cholera is a misnomer for the disease to which it is applied, for "cholera" means a flow (that is, an overflow) of bile, and that is just what does not

occur in true cholera. A careful research among old documents and notes in ancient histories discloses the fact that cholera is really a very ancient malady, that it has appeared for many centuries in various guises, and that the form known as Asiatic cholera is merely the most intense exhibition of a series of symptoms which have been recognized for centuries. The great difficulty that medical science has to overcome is the fact that there is no disease in which the symptoms vary more than they do in cholera, and that fact accounts for the diverse treatment which has been recommended.—*Midland Med. Misc.*

HONEY AS A REMEDY FOR SMALL-POX.—A physician of Arequipa, Peru, writes to a local journal (*La Crónica Médica*) in praise of the virtues of honey in the treatment of small-pox. A child was attacked with what threatened to be a very severe form of the disease, but to the surprise of all began to mend within a few days, and passed through a speedy convalescence without any complications. In searching for a cause for this unusually rapid recovery, it was found that the patient, whenever left alone by his nurse, had helped himself to some honey which was standing in a jar near his bed. The remedy was then tried in two other cases occurring about the same time, and with equally favorable result. The writer seemed to think that there was something more than a mere coincidence in these cases, and hoped that others would make a trial of this toothsome remedy in order to prove its efficacy.—*N. Y. Med. Record*, Sept. 13th.

MEDICAL ETHICS.—A Chicago medical society has amputated a member. It was a very good member that they cut off, and it was not diseased at all. In fact, the member that was cut off was the only sound

healthy member that the society could boast of. They expelled him not because he had prescribed arsenic instead of quinine, or because he had committed some of his homicides while in an intoxicated condition. Nobody ever heard of a medical society amputating a member for any such triviality as that.

Now, for what did those Chicago sawbones cut off the offending member? For nothing in the world except that he put his business card in a newspaper and paid for it. It is contrary to medical ethics for a Chicago doctor to advertise in a newspaper. Why should there be any more objection to a doctor putting his card in a newspaper than there is in tacking his shingle on his office door is more than we can comprehend. We utterly fail to discover why it is more unprofessional for a doctor to advertise in a newspaper than it is for a lawyer.

This is a peculiarly singular feature of medical ethics, when it is taken into consideration that otherwise there is no profession that is fonder of newspaper notoriety. If a son of Esculapius does some fine work in repairing a rickety liver, or in putting in order some other part of the human anatomy that has become unhinged, we have never perceived any wild, frenzied opposition on the part of the doctor to having the fact mentioned in flattering terms in the local paper. There is nothing in this that interferes with the therapeutic, clinical, sanitary, analeptic, prophylactic or any other kind of medical ethics; yet when any other doctor puts in a two inch ad. that he is authorized by law to take human life, the entire medical profession sit on their hind legs and howl about ethics, which goes to show that the profession is as badly afflicted with humbuggery as is theology.—*Ex*

PIN SLING.—Sampson Gamgee, F. R. S. E. Consulting Surgeon to the Queen's Hospital, Birmingham, says: A gentleman consulted me the

other day, for a painful condition of the tip of his left little finger. To secure the benefits of physiological position and immobility, I bent the elbow at an acute angle and raised the hand; then, pinching up the sleeve at the wrist, fixed it to the coat by a strong safety-pin; with another I attached a fold of the sleeve to the coat just under the elbow. Rest was absolute; the finger waxed pale and easy; and my patient went to his office duties in comparative comfort.

Even if an ordinary sling be at hand, the process of fixing the forearm at an acute angle is not quite simple; and the resulting unsightliness is often unpleasant.

A third pin, fixing the inside of the arm sleeve to the body of the coat, adds greatly to immobility. In this position I have found one pin very useful, in steadying the shoulder of a young lady who had it dislocated three times. She had barely recovered from the last accident, when she was very anxious to go to a ball. By fixing, with a safety-pin, the inside of the sleeve to the bodice, a trusty, yet invisible, checkmate was provided, allowing freedom of hand, but barring abduction. These are trifles, only noted apologetically, because *pro re nata* they may be useful.—*London Lancet.*

LITERATURE.

We have already, in a previous number of the *HOMŒOPATHIST*, spoken in commendatory terms of Prof. Ziegler's work on pathological anatomy, the first volume of which appeared some months since. The second volume is now issued,* and only confirms our admiration for the author and his work.

There are probably many of our readers who have never seen the valuable little monograph by Eggert on

* *A Text-Book of Pathological Anatomy and Pathogenesis.* By Ernst Ziegler. Translated and edited by Donald MacAllister, M. A., M. B. Part II. Svo. pp. 365. (New York: William Wood & Co.)

prolapsus uteri. Any way, the edition having been exhausted he has re-written it, covering now all the uterine displacements, and has added a repertory.* We consider Dr. Eggert's views sound. He does not believe that displacements are caused primarily by the condition of the womb, or of the appendages, but upon the general systemic condition of the woman. In matters of treatment Dr. Eggert is a safe guide and we heartily endorse his methods. The work is well printed and bound.

ITEMS.

King Alfonso, of Spain, is wasting with an incurable disease.

Sitting Bull requires a larger hat than Daniel Webster did.

Doctors in many instances do not prevent patients from dying natural deaths.—*New Orleans Picayune*.

The Eclectic for December is, as a whole, very interesting. This journal is worthy of a place on every library table.

Dr. A. C. Bernays, of St. Louis, has discovered microbes in a watermelon! Fact. So says the Cincinnati *Lancet*.

A remarkably weak-minded dude says that when he leaves this world he wants to die of dropsy, because it is such a swell disease.

Milk as the vehicle for administration of cod liver oil is highly recommended, and the perfect miscibility of Phillips' Emulsion makes its use desirable for the combination.

The Magazine of Art for January has a striking frontispiece. It is the balcony scene from *Romeo and Juliet*, engraved from the original drawing by Frank Dicksee, A.R.A.

Dr. Delauney, the French physiologist, declares that a person sleeping on his right side has incoherent and absurd dreams, but if sleeping on his left side, his dreams are intelligent.

It gives us pleasure to state that the use of a notice of Yeldham's *Syphilis* as an advertisement of Berjeau's, mention of which was made in our last issue, was a clerical error for which Messrs. Boericke and Tafel were not responsible, and of which they had no knowledge.

* *The Treatment of Uterine Displacements*; including Prolapsus, Anteversion, Retroversion, Antelexion, and Retroflexion. By W. Eggert, M. D. Second edition. 12mo., pp. 136. (Chicago: Duncan Bros.).

Now that the medical mind is turned to Western North Carolina as the Mecca of the consumptive, the articles of Edmund Kirke, in *Lippincott's Magazine*, on that region will excite much interest.

Dr. Edwin M. Hale has written (*Harpers Bazar*, N. v. I, 1884) a brief article on the subject, "Diseases of Cats," in which the more frequent disorders of this pet animal are described and treatment indicated.

The veteran aeronaut, Mr. Henry Coxwell, says that ballooning has saved his life, in view of the great body of pure unadulterated oxygen into which it has lifted him. Would not this be an idea to be considered in the cure of consumptives?

The Art Amateur has been especially attractive during the year just closing, but with customary enterprise announcements are made which indicate that the coming issues will be as indispensable to those of refined tastes as those which have preceded.

I have been using *Lactopeptine* for two years in my practice, and so far it has proved successful in *Cholera Infantum*, Dysentery, and all diseases of the bowels. N. SYPERT, M.D., Laurel Hill, Penn.

Physicians visiting New Orleans during progress of the World's Industrial and Cotton Centennial Exposition, or at any other time, are invited to make Mr. T. Engelbach's Pharmacy their headquarters and have their mail and telegrams addressed to his care.

"I consider 'Oleo-Chyle' a very superior preparation, and will recommend it to any needing such medicine. It is the most pleasant preparation to the palate of Cod Liver Oil I have ever seen. T. COATES, M.D., Russellville, Pa."

Dr. Vulpian has given the Academy of Sciences, Paris, some details of experiments practiced upon himself, including the swallowing of choleraic fecal matter. He concludes that the cause of death from cholera is blood poisoning from paralysis of the normal functions of the liver. No wonder his liver was paralysed.

The A. L. Chatterton Pub. Co., New York, will publish early this year A Treatise on the Breast, by H. I. Ostrom, M.D., of New York; Diseases of the Nares, Larynx and Trachea in Childhood, by Thomas Nichol, M.D., Montreal; also the second edition of Repertory to the More Characteristic Symptoms of the Materia Medica, by Constantine Lippe, M.D. Additions have been largely made from Bönninghausen's Repertory, never yet translated, and which is a complete repertory to Hahneman's works. They also announce Dr. Helmuth's latest poems and prose compositions, many of them new and all published for the first time. Printed in elegant style.

THE AMERICAN HOMŒOPATHIST.

NEW YORK: FEBRUARY, 1885

ACUTE ATROPHIC SPINAL PARALYSIS.

BY

CLARENCE BARTLETT, M. D.,

Philadelphia.

Acute atrophic spinal paralysis is a disease characterized at its onset by fever of greater or less severity, associated, in some cases, with convulsions and other morbid cerebral phenomena, and followed by a rapidly appearing paralysis. This paralysis generally assumes the form of paraplegia and is more marked in some of the invaded parts than in others. It is not accompanied by any derangement of sensation. After reaching its acme, it remains stationary for a variable period, and then undergoes a marked regression.

The etiology of acute spinal paralysis is largely involved in obscurity. The well known predisposition of children to this form of disease, remains unexplained, notwithstanding the numerous hypotheses, which have been advanced for the solution of the mystery. Dentition has been given as a cause for this predisposition, why, we cannot say, unless it is owing to the fact that the members of the laity are prone to ascribe all abnormal nervous phenomena occurring during the early years of life, to this cause. It has further been stated that infants are particularly liable to acute spinal paralysis because they are more susceptible to the influence of cold. This explanation cannot bear close scrutiny for, as was first shown by Dr. Wharton Sinkler, of this city, and afterwards confirmed by numerous competent authorities, a larger number of attacks occur in August than in any other month of the year. During the winter months, the mini-

num number of cases was observed.

If the etiology is obscure in cases occurring in infancy, it has been no better elucidated in cases affecting adults. Two prolific causes of disease in general, can be eliminated from the etiological factors of acute spinal paralysis; these are syphilis and alcohol. In none of my cases have I been able to obtain a history of either hereditary or acquired syphilis; nor am I aware of any authority, whose observations have led him to name syphilis as a cause. That intemperance has little or no influence in the causation of this disease is apparent, when we come to note the occurrence of the vast majority of cases in patients of less than four years of age; and the additional fact that those adults who are attacked, have generally been moderate regarding the use of alcoholic beverages.

Acute spinal paralysis has occasionally been known to follow acute diseases, as typhus, small-pox, scarlatina and measles. In one case, seen by me with Dr. J. T. Ridge, it came on in a lying-in woman, one week after delivery.

In considering the symptomatology of this affection, we will first speak of it as it appears in infants and then as it is seen in adults. The diseased process in the two cases are the same, but, owing to the differences in the ages, there are certain important points of distinction which must be noted. First then, the Symptomatology of

ACUTE SPINAL PARALYSIS OF INFANTS.

As is the case with the majority of diseases common among children, infantile spinal paralysis is generally ushered in by fever together with such symptoms as general malaise, mental irritability, headache and other symptoms indicative of cerebral irritation. The fever itself is rarely

severe, and in some cases it may be altogether absent. Its usual duration is from twelve to forty-eight hours although it has been known to persist for a period of fourteen days. The cerebral symptoms are frequently but the result of the influence exerted by the excited circulation on the delicate nervous system of childhood.

Occasionally convulsions constitute the first symptoms of the disease. They are generally limited to the extremities and rarely involve the face. They may or may not be attended with unconsciousness.

In still other cases the disease may assert itself without any prodromic symptoms whatever. In the evening the patient may have been put to bed in possession of apparently good health, and yet in the morning one or more limbs are found paralyzed.

In no disease may the paralysis be of more variable extent than in the one under consideration. It may involve all four extremities together with the muscles of the trunk, or but part of one extremity only. In the latter case the lesion in the spinal cord occupies but a circumscribed area and is probably of not a severe grade. The paralysis may assume either the hemiplegic or paraplegic form or it may invade the upper extremity of one side and the lower of the other. However complete may be the paralysis the functions of the bladder and rectum usually remain unaffected. Retention of urine is certainly met with in rare instances. Temporary incontinence of urine occurs occasionally in young children.

The paralysis is always rapid in its onset, that is to say, it usually reaches its acme within twelve or twenty-four hours from the inception of the first paralytic phenomena, after which it remains stationary for a time, and then undergoes a marked regression. This regression is so characteristic and so constant a symptom of the disease that it has given rise to the name of regressive paralysis, proposed by Barlow.

Disorders of general sensibility are probably absent. On this point it is almost impossible to speak positively, as it is only with difficulty that the condition of general sensation in children can be tested.

Both superficial and deep reflexes are totally abolished. Thus if the lower extremities are affected, no amount of stimulation will call forth either the patellar tendon or plantar reflex.

The electrical reactions of the affected muscles in infantile palsy constitute what is known as the reaction of degeneration. The faradic irritability of both muscles and nerves is rapidly diminished and may even be finally lost. In severe cases, this latter result may take place as early as the fifth or sixth day. Usually faradic irritability begins to disappear on about the third or fourth day after the onset of the paralysis, and this diminution increases more or less rapidly, according to the severity of the central lesion. The behavior of the affected muscles under the stimulus of the induced current, affords us important indications regarding the prognosis of the case. Reference will be made to these hereafter. With galvanism the reactions are different. While the galvanic irritability of the nerves is lessened, that of the muscles is increased to such a degree that contractions may be produced by currents much weaker than would be necessary, were the subject in perfect health. The character of the resulting contraction in the former case is slow and wary in contradistinction to that in the latter, which is sharp and quick. The contraction on anodal closure is greater than that on cathodal closure. After the lapse of three or four months, if motor power has not been greatly restored, galvanic irritability of the muscles commences to lessen, until finally there may be but a slight trace of it remaining.

Early in the course of the disease, sometimes as early as at the end of the first week, the paralyzed muscles

undergo marked and rapid atrophy. This atrophy is much greater than that which naturally follows the enforced rest of the affected part. It may proceed to such an extent that at last there is apparently no muscular tissue intervening between the skin and the bone. In some cases the appearance of the limb to the eye of the observer does not give a correct idea of the extent to which the atrophy has proceeded, because of the deposition of fat within and about the affected muscles. In such cases an examination with the hands finds the muscles relaxed and flabby, thus revealing the true state of affairs.

The skin is cold and clammy, presenting a bluish or mottled appearance. It retains for a long time the impressions made by the patients' garters and stockings. The surface temperature of the limb is frequently 10° or 15° F. below that of the normal. The affected extremities are liable to frequent attacks of chilblains.

An arrested development of the bones is a common sequel of the paralysis; and this arrested development is not necessarily proportionate to the degree of the associated muscular atrophy. In some cases in which but two or three muscles are affected, and that but slightly, the nutrition of the osseous structures will be so greatly impaired that the affected limb may be several inches shorter than its fellow. In other cases attended with extreme muscular atrophy, osseous growth progresses uninterruptedly.

The articular surfaces of the bones and the cartilages do not develop properly, and this, in conjunction with the lack of support to the joint, due to paralyzed and atrophied muscles and relaxed ligaments, produces joint deformities, which sometimes exist to such a degree as to make the articulation capable of assuming the most grotesque positions.

The deformities which occur most frequently as a consequence of in-

fantile paralysis, are those which result from contracture of muscles unopposed by the natural tonus of their paralyzed and atrophied opponents. It is held by most authorities, that in the normal condition, muscles, while at rest, are maintained in a state of moderate contraction, which constitutes the muscular tonus. This tonus does not make itself manifested in health, because of the neutralizing influence of opposing muscles. Should anything happen by which the action of any muscle or set of muscles is destroyed, then the tonus of the antagonistic muscle asserts itself and draws the limb into an unnatural position. In infantile spinal palsy, the muscles which are uninjured or but slightly affected will, if their opposing muscles are seriously diseased, act to produce various deformities such as genu-recurvatum and the different forms of talipes. The limb being retained in its false position for a considerable length of time, the muscles undergo what Adams has styled adapted atrophy and thus the deformity becomes permanent unless remedied by treatment. Volkmann denies the existence of a natural muscular tonus and claims that the forms which these deformities most frequently assume, namely, talipes equinus and genu-recurvatum, are merely exaggerations of the natural positions which the limb, in health, assumes when in a state of rest. That the shape which the deformity takes on, may be influenced by the force of gravity as claimed by Volkmann is undeniable, but that this is the only cause, is extremely doubtful. Careful electrical exploration of the contracted muscles, shows them to be in a condition more approaching the normal than their antagonists.

The above description applies to acute spinal paralysis as occurring in infants and young children. The same disease may occur in adults but on account of the age of the patients, the symptomatology is not altogether like that of the infantile form of the disease. A few remarks then on

ACUTE SPINAL PARALYSIS OF ADULTS

will be in order. Spinal paralysis of adults like that of infants is ushered in with fever, malaise, head-ache, back-ache, etc., but rarely, if ever, with the convulsions, which occasionally appear in infantile patients. The paralysis itself is more or less rapid in its appearance, and is associated with a diminution or abolition of reflex action in the affected extremities. The fever and other general symptoms soon pass away and the paralysis begins to improve in those muscles which have not been seriously affected while others less fortunate remain paralyzed and undergo rapid atrophy. The bones having reached their full degree of development, are not affected. The skin itself is cold, relaxed and flabby. Deformities may occur in severe cases but never to the extent seen in infantile spinal palsy. The electrical reactions of the paralyzed muscles are the same as those of infantile paralysis.

(To be continued.)

REMARKABLE TOLERANCE OF A FOREIGN BODY IN THE EYEBALL.

BY F. F. CASSEDAY, M.D.,

Kansas City, Mo.

In the spring of 1875, John Murphy, white, aged 18 years, employed as a machinist in the Gulf Railway shops of this city, while engaged with a lathe in polishing a journal which had been repaired with Babbitt metal, was struck in the right eyeball with a piece of metal. He took the evening train for St. Louis, where the stump was treated but not amputated, owing to the mildness of the inflammatory action, which was soon controlled. In due time he was fitted with an artificial eye, and has continued to wear it ever since. During the last three or four years his stump has been sore at times, with occasional twinges of sharp pain, and within a few weeks some muco-purulent discharge has been noticeable, with

increased soreness. On December 28th, while making a small opening in the stump with a view of obtaining free discharge, the knife struck a hard substance, which upon investigation and removal proved to be a fragment of Babbitt metal. The fragment measured three-eighths of an inch in length, one-fourth inch wide, and one-sixteenth in thickness. It was very irregular, sharp on the edges, and nearly covered with a thin incrustation of lime. It was deeply imbedded in the tissues, and had lain there for ten long years, producing, as we have seen, but very little irritation. Mr. Murphy is a strong, healthy man, at this writing, temperate in his habits, and the vision in his right eye is excellent.

PERI-UTERINE CELLULITIS.

BY PHIL. PORTER, M.D.,

Detroit, Mich.

Such a variety of names have been employed to designate the diseases affecting the tissues surrounding the uterus, that it is often difficult to arrive at a proper understanding of the true pathological state of the diseased condition affecting the pelvic tissues, that we are disposed to follow the innovation introduced by Lawson Tait, in changing the nomenclature of diseases peculiar to women.

This disease, like others, presents one of the many examples of subjects that have been once considered and then forgotten. From the history of gynæcology we are led to believe that ARCHIGNES, whose work was compiled about the latter part of the second century, which was subsequently made prominent by AETIUS between the sixth and seventh centuries, and Paul, of Ægina, who dwelt so forcibly upon abscesses of the womb, that we are convinced that the subject was again taken up for consideration, and no doubt did receive considerable attention at that time. Later on we have the history of the disease by more modern writers, as distempers

of the uterus in childbed, by Mr. Richard Wiserman, of England, in 1679, and Monsieur Bourdon, a pupil of Récamier, on "Fluctuating tumors of the true pelvis," in 1841, and Mr. Churchill, of Ireland, on "Abscess of the uterine appendages," in 1844. Thus, the law of evolution, is demonstrated in the science of medicine, for we have this disease brought into notice in the sixth century, then entirely forgotten, and again, for a second time, brought prominently before the profession in 1679, to pass out of sight and knowledge until 1841, since which time the disease is engaging more and even the special attention of a certain branch of medicine.

The name of this disease indicates its location. It consists in an inflammation of the areolar, adipose and cellular tissues lying in, and in front of and on either side of the uterus and behind, extending between the folds of serous membrane which form the broad ligaments, and when carried beyond these points it receives, and properly so, other names. Different writers have considered this same disease under different titles, and until lately it has been designated and the disease described by surgeons under the name of pelvic abscess, which really only describes its termination. Gendrin adopted the name of pelvic cellulitis. Nouat, peri-uterine phlegmon, or peri-uterine engorgement. Henry Bennett, inflammation of the annexes, or phlegmon of the broad ligaments; Scanzoni, peri-metritis; Burnutz and Soupil, pelvic peri-metritis and para-metritis, the last being the favorite name of English writers. Virchow preferred the term *peri-metritis*, as the true definition of pelvic peritonitis, and *para-metritis* for that of pelvic cellulitis. These terms are open to many objections which need not be dwelt upon here, and are apt to produce more or less confusion, rather than to assist in the study of the subject. Sir J. Y. Simpson introduced the term pelvic cellulitis the second time, and yet, while it indicates to a certain extent the nature and

location of the disease, it has the serious objection of being too indefinite in its application. Other writers have used the terms, peri-uterine phlegmon, metro-peritonitis, perimetritic inflammation. But to Dr. Barnes, of England, belongs the credit of introducing the term perimetritic inflammation, which was a better definition than had been given by his predecessors.

Dr. Savage, of London, in his admirable book, on the female pelvic organs, says: "The subperitoneal pelvic tissue fills up all that part of the pelvic cavity between the roof and floor of the pelvis, which is not occupied by the viscera, and is the sole bond of union between them. This tissue," he adds, "encloses the vagina and uterus, together with their vascular connections and it is so constituted that it forms an integral part of the uterine system, which may be conceived as having been thrust into the pelvis between the rectum and bladder. The independence of this uterine collocation is exemplified in certain forms of pelvic subperitoneal abscesses of long standing, which leave unaffected, from first to last, the rectum, uterus and bladder.

The uterine cellular system is continuous at its periphery, with every part of the sub-peritoneal cellular tissue at the lower part of the abdomen."

König's experiments upon the cadaver show very nicely the probable course of the different abscesses of the pelvic cellular tissue, by injections of water, at various points about the uterus. Beneath the peritoneum, between the ovary or Fallopian tubes, the fluid made its escape along the psoas and iliacus muscles into the pelvis, and when injected into the cellular tissue of the broad ligament close to the cervix, it filled the same side of the pelvis and passed along the round ligament towards Poupart's ligament and to the iliac fossa. But when injected beneath the broad ligament near the upper part of the cervix and behind it filled the posterior

and lateral parts of the pelvis, afterwards passing along the psoas and iliacus muscles and eventually into the pelvis.

From its peculiar construction, the folds of the broad ligament are lined with a large amount of cellular tissue, especially is it well supplied below where it is continuous with the cellular tissue, covering the upper perineal aponeuroses and levator ani muscles, and also with that which covers the lateral surfaces of the bladder, the peritoneal lining of the abdominal wall and the hypogastrium and of the internal iliac fossa. Thus can be understood, how extensive an inflammation of the broad ligament may be, when carried to any of these various regions. The broad ligament is of vast importance, in making the different divisions which it establishes in the pelvic cavity as a means of suspension, and while of some support to the uterus, it is of much importance in the physiological and pathological history of the uterus and its appendages and of the peri-uterine regions. It is to this ligament that we are indebted for the key to the differential diagnosis of diseases peculiar to this part of the pelvis. The study of which is worth all the attention we can give. Its vascular supply is derived from the uterine artery and the utero-ovarian plexuses venous and lymphatic. The latter deserves more than a passing notice; and we believe that it is impossible to attach too much importance to the exact knowledge of the lymphatics of the uterus and its appendages. We are more satisfied every day of the importance of the part played by angio-leucitis, adenitis and even peri-uterine adenomata, not only in connection with peri-uterine diseases, like cellulitis or other puerperal maladies, but those deep unsatisfactorily explained pains we find women so often afflicted with. Whether they are in the mucous membrane or muscular wall; in the pregnant state they share with the blood vessels, in becoming hypertrophied and are subjected to the

same conditions and surroundings as are the veins in any post-puerperal disease.

The lymphatics of the uterus, broad ligaments, Fallopian tubes, ovaries anastomose freely, and will explain the complications that may and do arise when any one organ is the initiatory in setting up an inflammatory condition.

(To be continued.)

URÆMIC CONVULSIONS.

BY

GERSHOM N. BRIGHAM, M. D.,

Grand Rapids, Mich.

Mrs. S; pregnant for the first time—a fleshy woman of sanguine lymphatic temperament—had a convulsion at 4 o'clock A. M., when at the sixth month, was in spasm twenty or thirty minutes and unconscious for a much longer time. Tested her urine and found blood and albumin in such quantities that contents of test tube would scarcely flow. Gave five drops second dilution of Apis mixed with a little water, by the hypodermic syringe, over region of right kidney and repeated the same in two hours; giving Belladonna 3, by the mouth, a dose once in thirty minutes; followed later by Apis 200. Patient had no more convulsions, and gradually came out of her uræmic state and miscarried at the end of four weeks, getting up nicely.

PROGRESSIVE MUSCULAR ATROPHY; CURED BY PLUMBUM.

BY

DR. SEUTIN,

Brussels.

(Translated for the HOMŒOPATHIST from the French, by F. A. G.)

In the course of the year 1883, I had occasion to treat, about the same time, two patients attacked with progressive muscular atrophy.

In this affection due to atrophy of the anterior roots of the spinal nerves, the paralytic symptoms precede the degeneration of the muscular fibres which is observed subsequently.

Certain authors classified this disease at first among affections belonging to the muscular system, but new researches, successive autopsies led to the discovery of lesions of the spinal marrow and placed it definitely among affections of the nervous system.

Its outset is insidious and the symptoms little noticeable ; at first there is noticed only weakness in certain muscular movements, soon followed by emaciation of the fleshy part of the diseased member.

All the limbs may successively present the same morbid changes and bring on complete atrophy of the muscular system. If the disease is not arrested, the muscles governing the mechanism of respiration become equally atrophied and the patient succumbs to asphyxia determined by the paralysis of the diaphragm and intercostal muscles.

My first case was that of a man about 45 years old, of robust constitution and who had never previously been sick. The disease originated in March 1880. The attention of the patient was awakened at the outset by excessive fatigue felt on the least motion ; walking became painful, sometimes he could not regulate his movements and had to seek something to lean upon to prevent his falling. Noticing the weakened limbs he observed an increasing emaciation ; the muscular tissue had lost its hardness, the natural proportions of the muscles had disappeared. These morbid phenomena were observed first on the right side, but after nine or ten months showed themselves as much on the left. His disease went on its progressive course and a year after the appearance of the first symptoms the patient could no longer walk.

The patient had complained, as a secondary symptom, of a very intense pruritus seated in the lower limbs ; he also suffered from violent cramps. When I saw him for the first time in March 1883, he no longer suffered pain but paralysis of the upper and lower limbs was complete.

I noticed considerable wasting, the natural rounding of the muscles had quite disappeared. By close observation I noticed small fibrillar contractions rather close to each other, the skin was raised by slight successive but slightly painful shocks. The fingers were bent into the hand through paralysis of the extensors and could not be straightened by the most violent efforts of the patient.

The lower limbs were dead, he could not raise his leg ; if he was stood up he was soon taken with trembling and fell down.

Cutaneous sensibility was not destroyed but sensibly diminished ; a strong pressure with the fingers only could make him feel any sensation.

The general condition was more satisfactory, appetite pretty good, digestion easy, no trouble as to the brain, intelligence intact. Urine normal, stools alone difficult, fæcal substance hard, in form of balls, with effort of expulsion.

Such were the symptoms when I was called. The situation was serious but not desperate, as the atrophy had not invaded the thoracic muscles.

I was struck with the similarity of the symptoms presented by my patient with those in saturnine intoxication. In fact, in saturnism progressive paralysis is equally marked, also atrophy of the muscles, especially of the extensors of the forearm, with fibrillar contractions and obstinate constipation. Hence I did not hesitate to prescribe *Plumbum* in the third trituration, to take two powders daily. I saw my patient fifteen days after my first visit, he showed no marked improvement but the stools were easier and daily ; although the paralytic symptoms had not diminished, he felt better. I continued the same remedy and promised to see him again in a fortnight. At my third visit he could rise from his chair without support and take a few steps which he had not done for two years.

I saw him a month after, he was walking with a cane in his room and

could raise his arms to his head. After six months of similar treatment he could go out, taking half hour walks, his condition gradually improved. At the end of the year he could visit me on foot, although living in a distant suburb of the city. I saw him at the beginning of this year, his flesh had hardened, muscular strength returned hardly any trace of his affection remained. *Plumbum* was the only remedy prescribed which in less than one year effected the cure of a paralysis dating back over three years.

About the same time, that is to say at the beginning of April 1883, I was called to a convent in the neighborhood of the city to examine a sister who presented similar symptoms to those of the beforementioned patient. The disease was less advanced and dated only from eight months. During this period the sister could not walk without support, the slightest elevation of the ground, a stone higher than others, would cause her to lose her equilibrium. Her right leg she said was without strength and subject to painful shocks.

On examination of the diseased limb I noticed a diminution of four centimetres in its contour less than the left one. The curve of the calf was sensibly lessened, fibrillar contractions equally existed, but the right side showed no morbid symptom. Functions regular, but she complained of attacks of fever which had a tendency to return periodically. I prescribed *Plumbum* in the same trituration, of which I continued the use for two months. In fifteen days a sensible improvement showed itself, and a complete cure in three months with no return up to this time.

SARCOGNOMY.

BY

PROF. JOSEPH RODES BUCHANAN, M.D.,
Boston.

(Concluded from Vol. X., Page 330.)

The parallel conditions of the soul and body in disease have long at-

tracted the attention of the thoughtful without prompting the investigations which would reveal the law of this great mystery. The parallelism has even mystified the materialistic class of thinkers by inducing them to regard the conditions of the body and brain as the sum total of life. Supposing, with Prof. Flint, that the brain secretes thought as the liver secretes bile—that matter and force (physical or chemical) are all that really exists, and that life, thought, emotion, happiness, misery, genius, virtue, consciousness—all in short for which we live—all that constitutes conscious life are void of substantial reality and transitory as the tune that ceases when the instrument refuses to play. In thus thinking, they forget that life is a real power, as manifested in thought, emotion or will, and that power of every species is eternal, or, in other words, that force is indestructible in all its mutations of form, no matter how subtle and refined its nature.

The vindication of the soul doctrine as positive science, and the soul as a permanent potentiality, is a necessary incident in the presentation of Sarcognomy, which reveals the associated and sympathetic action of soul, brain and body; yet I do not propose to discuss the subject in this essay, having demonstrated in Therapeutic Sarcognomy that soul power or life is not inherent in the body, or in any of its tissues, but is entirely and absolutely an *influx*—a potentiality distinct from matter, and the organization of matter, which is affected by *life*, and consequently as durable as matter itself. This is the only mode of viewing the universe, which does not deny the Divine invisible cause to which all reason points, and logically end in blank Atheism, or else still more irrationally recognize a divine creator and pronounce his work a miserable failure void of essential benevolence. For if life were limited to its manifestations in these struggling and suffering bodies, whose de-

caying weakness and inevitable suffering are so familiar to all physicians, it would be a poor gift indeed—one which many are ready to return to the giver.

That melancholy dictum of purely physical science (which is not biological) which was voiced by Tyndall in claiming for matter the total potentiality of all that is known, is a gross perversion of science, by confounding things essentially and widely different, with the prestidigitator skill of a profound thinker who sees their difference, or else the blunder of a superficial thinker, who cannot or who cares not to distinguish forces and substances, or causes and effects, when they are commingled in phenomena.

The primordial relation of life to organization and purpose or design, is as obvious to unbiased reason as the causal relation of force to motion; and if that primordial element, existing imperceptibly in a cell, determines that it shall grow into a human being and not an inferior animal, and shall have a career of special character and limited longevity, how can we doubt that the same spiritual element, when it has grown with the body to full development and controls all its voluntary action, is, still, as in the beginning, the controlling power of unconscious life and progressive organization which we know respond so promptly to all its emotional changes.

To trace this correlation and responsive sympathy is a far greater task than my limited opportunities will allow, and I must leave to my successors the completion of the task which I can but initiate, and which I have sometimes been tempted to abandon by the thankless indifference and actual hostility with which essentially new thought or discovery is still received by the majority of the medical profession, by all Colleges or Universities, and by the controlling influences of society even in this free republic.

The correlations of soul, brain,

and body may be considered as physiognomic, pathognomonic, physiological, and pathological. With the statement of a few of the pathological correlations I shall conclude this essay.

The coronal or superior, which is the more psychic region of the brain, as the basilar or inferior is the more physiological, tends to direct the circulation and nerve force upward, thereby sustaining and developing the brain, which we know is the effect of the nobler emotions. The basilar or more physiological portion, the seat of the passions and appetites, tends to throw the circulation and nerve force into the muscles and viscera, diverting from the brain, which we know is the tendency of the appetites and passions, the uncontrolled effect of which is destructive to the soundness of the brain.

Hence it follows, according to the laws of sympathy between the brain and body, that the superior half of the body (above the diaphragm) has a tonic and nervine influence, while the inferior half, in proportion as it dominates, has a depressing and deranging effect. Thus the abdominal region becomes the seat of depressing, sensitive, deranging influences, the chief battle-ground of disease, while the posterior or lumbar and sacral regions are the seat of the energetic and propulsive forces or passions, and the pelvic basin is the seat of that combination of sensibility and passion which is the most adverse to the integrity of the nervous system.

I realize fully that I am doing injustice to sarcognomy and to myself in presenting so briefly as to be almost unintelligible any statement of the general laws of correlation, and I must caution the reader that in stating the influence of any region of the body acting in predominance at the expense of other regions, I am not speaking of its normal physiological influence when all organs are acting in harmony.

That the abdominal region is the chief seat of physiological changes,

the seat of the most degenerate blood of the body (in the portal circulation) the inlet of dead matter, the outlet of decayed matter, the depository of interior filth and the generator of the most acrid poisons in life and in death as well as the essential seat of fevers, exhibits its relations to vigor and health. The deadly typhoid and puerperal fevers have their den in the lower abdominal or hypogastric region. "*The most dangerous animal fluid*, (says Prof. Macartney), is that contained in the cavity of the abdomen after puerperal peritonitis." The white cancer of the liver," he says, "is found to be very irritating when merely applied to the hands, without breach of the surface. I have several times had my hands inflamed from the application of this diseased structure to them, after it had been preserved for some time in spirits or anatomical preparations." "Persons who clean tripe are subject to a peculiar erysipelatous inflammation, which passes up one finger and down another. The same has occurred from handling diseased intestines, and horse-killers occasionally suffer severe diffused inflammation."

That abdominal affections are accompanied by a great prostration of the mental as well as physical energy is familiar to all physicians, for bodily and mental energy are closely associated, but affections of the abdominal region which do not involve the liver affect the physical more than the mental condition, the body being often prostrate while the mind is clear and sometimes even brilliant.

But affections of the pelvic region primarily assail the nervous system, and affect the bodily health secondarily, by neurological injury.

The womb for example is the bodily centre of nervous excitability and mental sensibility. Who is not familiar with its exaggerated impulses and wild excitements called hysteria, which assume every Protean change of emotion or condition that can be imagined, simulate every conceivable or inconceivable form of

disease and even deceive the practitioner. When lurking in disguise it makes a theatrical illustration of pathology, and suddenly disappears, or disturbing the mental equilibrium produces some unaccountable and purposeless deception and falsehood. "The whole energies of the patient's mind (says Dr. Prout) are bent on deception." "The deceptive appearances displayed in the bodily functions and feelings (says Sir Thomas Watson) find their counterpart in the mental." Hysteria is on the border-line of insanity, and would even be included with insanity in its broadest definition. The majority of female insanity is complicated with uterine conditions as a cause, and perhaps sometimes as an effect. Such insanity may be compatible with a tolerably healthy or even vigorous condition of life, aside from its peculiar symptoms. In the most remarkable case that I have recently witnessed, there was mental power and force of character much above the average, though hallucinated to intellectual insanity.

The central region of insane tendency (which I therefore mark Insanity on the corporeal figures of Sarcognomy), is at the basis of the pelvis, and being lower as well as further back than the womb, has a lower and more violent character—that is, a more idiotic and maniacal tendency. The inferior pubic region is the seat of the idiotic and paralytic tendencies which we see illustrated in all seminal excess, masturbation and spermatorrhœa, as was horribly illustrated in the writings of Tissot on onanism.

Many forms of uterine disorder are accompanied by great intellectual depression, by loss of memory, mental confusion, and lowering of the standard of life and enjoyment. As the womb is elevated or depressed it is a true barometer of the psychic condition in accordance with the laws of pathognomy which I may hereafter illustrate. Its greatest elevation in pregnancy is a well sustained and happy condition, its greatest depres-

sion in falling and prolapsus is a miserable state.

The generative organs of the male show the same influence over the frontal brain, as we observe in the aphasia resulting from phymosis, which is explained by the sexual relation through the brain with the larynx, (which I have demonstrated), and in the idiotic conditions resulting from masturbation.

Dr. Arthur Camp of Minneapolis, says (in the *American Homœopath*), "in many children partial paralysis, lack of power of co-ordination and apparent idiocy are dependent in a great part at least upon, some irritation of the genital organs. In males this is sometimes due to a constriction around the glans penis, producing continual priapism, the result of which is wasting and exhaustion of the nervous system sufficient to produce more or less paralysis, and in some instances complete loss of speech and of vision. In girls, on the other hand, much the same results are produced by an irritation of the clitoris, which is not uncommon. All kinds of treatment for such cases are utterly useless unless we recognize and remove the cause of the irritation. Of course this condition presents itself to us in all degrees of severity, from one of simple irritation to that of complete constriction of the prepuce, and, too, its symptoms will also vary. Prominent among the most marked case, are the following symptoms: sometimes the patients are to all intents and purposes idiotic. They are neither able to speak nor walk, nor to feed themselves; sometimes they are blind. On account of falling and reflex convulsions of the extremities, the disease, by an inaccurate observer might be called epilepsy. The patient usually sits cross-legged, and in some there presents such a rigidity of the tendons, that it is almost impossible to produce flexion of the legs. Certain phases of this deformity have been mistaken by even astute observers who have been on the point of operating for a

club-foot." In this case, reported in the transactions of the American Medical Association, in which Dr. Sims and Dr. Sayre were concerned, an operation on the prepuce giving relief to the glans made a speedy cure.

Two similar cases have been reported by Dr. Sayre. Dr. Camp also reports a case of paralysis of the lower limbs in a boy two years of age, which was accompanied by partial priapism and partially relieved by circumcision. The paralysis returned, producing incontinence of both feces and urine, and was accompanied again by partial priapism from adhesions between the prepuce and coronal glandis, which were destroyed by a surgical operation, when the incontinence soon ceased and the paralytic condition was passing off when reported.

It was very satisfactory to myself to find in such medical reports as these the confirmation of the doctrines of sarcognomy, discovered by experiment forty-two years ago, entirely independent of pathology; and I believe that every other principle in sarcognomy will be as clearly illustrated by past and future pathological facts. I say future, because a vast amount of instructive pathological experience has been lost to the world by indifference to reporting, and by the ignorance of the value of facts when the principle which they illustrated was unknown.

The principle in this case is that the basis of the pelvis is the seat of normal pathology—of insanity, idiocy, fatuity, dementia and paralysis—the fatuous or enfeebling influences being anteriorly located, and the maniacal and passionate posteriorly. The sensual organs are in the center of the fatuous and paralyzing influences, above and around which are a group of influences less formidable in their character, but still injurious to the brain. Upon my charts of sarcognomy are located the lethargy, melancholy, calorification or ardor, disgust or nausea and uterine influence

tending to hysteria, which belong to the pelvic region locations which may be illustrated by pathological facts.

(To be continued.)

MUMPS.

BY

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Inflammation of the parotid gland may be symptomatic and occur in the course of almost any of the essential fevers or it may be due to a cachectic state of the system as in strumous subjects; it may be occasioned by cold or dampness or any of the ordinary causes of inflammation elsewhere, or again, independent of all these, it may occur in perfectly healthy persons as a specific disease induced by a specific contagion. In the latter case it may become epidemic and in the experience of the writer is most apt to prevail during the prevalence of other epidemics, such as measles or scarlatina. As a symptomatic disease it usually occurs in a subacute form and in this form is probably non-contagious. In the idiopathic variety, however, it is readily conveyed from person to person and yet from the frequency with which sporadic cases are met with it is more than likely that the peculiar contagious principle by which it is disseminated is autogenetic in its origin.

At least no advocate of the so-called germ theory has as yet discovered a form of bacteria or a *contagium vivum* distinctively peculiar to this affection.

One of the most marked peculiarities of mumps is the frequent tendency to metastasis, by which the inflammation is suddenly transferred from the neck to the testes and scrotum in boys; and to the ovaries, mammæ or labia in girls. Some authors speak of a tendency to involvement of the meninges of the brain when a sudden subsidence of the parotid inflammation occurs with-

out an orchitis or oophoritis follows the disappearance of the original affection. Such cases, however, must be exceedingly rare.

There is but little if any tendency to suppuration, either of those glands primarily, or of those secondarily affected. On the contrary, the tendency is almost always towards resolution, which usually manifests itself on fourth or fifth day after the characteristic swelling has been recognized.

One attack of parotitis is usually a preventative against subsequent contagion. When the inflammation has been confined to the glands on one side, the translation above referred to has usually been observed in the testis, ovary or breast on the same side.

As a rule the parotids of both sides are affected, but not simultaneously, the left parotid being generally implicated first and the right one a few days later.

Spring and fall are the seasons of year when the disease is most prevalent and proximity to large bodies of fresh water is favorable to its development and spread.

Dr. Bunhard Bæhr, in his Science of Therapeutics, under the heading, Parotitis Maligna, mentions a very rare form of this disease, which has been chiefly if not altogether, observant in the south of Germany. He says the disease always starts from the lesser salivary glands and seems to have a preference for their locality. It attacks chiefly individuals of the lower classes, with impoverished, dyscrasic, scrofulous constitutions; and occurs most frequently in low lands, marshy districts, and damp dwellings.

The disease, as Bæhr describes it, is not a true parotitis but an extension to the parotids of an inflammation due to a general toxic influence or miasm similar to that which occurs in typhus, diphtheria or other diseases of a distinctly septic nature.

The onset of mumps is usually sudden, although generally certain

vague indications of illhealth, constitute an illdefined prodromata. Sometimes these initial symptoms are so slight as to escape notice altogether. When the disease is prevalent, fatigue during the day, restlessness during the night, irritability of the stomach, in some cases going to the extent of vomiting, may seem to indicate that an outbreak of the disease is imminent, and may be looked for with considerable confidence.

It is generally a week or more after exposure before even these initiatory symptoms are recognized, and after a few days, a chill, of moderate intensity, is followed by a well marked fever, which may, in exceptional cases, have a temperature of 103° or 104° , but more commonly does not show a rise above 100° or 101° . Even the latter temperature is not long maintained, but gradually subsides as the local lesion becomes established, so that by the third or fourth day, or even the second, the temperature is normal or slightly below it.

Even while the swelling is marked and painful and mastication attended with great pain, the temperature may still be low, especially if the patient remains quietly in bed. If at this term the little patient's wishes are gratified and active movements are permitted, sudden and great elevations of temperature are witnessed and a metastasis, such as before alluded to is likely to occur.

Under these circumstances severe perturbations of the circulation are manifested as shown by tinnitus aurium; deafness of one ear, heart palpitations, and even inflammation of pericardium or endocardium may ensue. The kidneys may become congested and the urine become albuminous for a considerable period subsequently.

Simple parotitis presents in most of its phenomena, similar symptoms to that of inflammation in other parts of the body which have the same relative approximation to the external surface, namely, local pain, swelling

and increased heat. There is occasionally a sense of throbbing, especially if the tumefaction is considerable. The amount of fever is not always proportionate to the extent of the local lesion, but has more reference to the irritability of the subject.

From face ache and enlarged lymphatic glands, a differential diagnosis may easily be made by the suddenness of the glandular development, the sensation of pain and stiffness when mastication is attempted.

Yawning is especially painful and by reason of this the attempt to yawn is generally abortive. Furthermore, in the specific inflammation of the parotid, which we are now considering, the tumefaction is more diffused than it is in strumous enlargement of the cervical glands, and is softer and more doughy to the touch. In mumps the swelling is not only deep seated and diffused, but the parts surrounding the glands become involved to such an extent as to produce considerable distortion of countenance.

The whole side of the face is swollen, and the lobe of the ear on the affected side is pushed out prominently.

The saliva is either largely increased even to the extent of salivation, or again is much diminished in quantity. The swelling is exquisitely sensitive to the touch, and on manipulation gives a sensation of an elastic tumor, with a slightly softer feeling in the centre. Sometimes the skin over the affected gland is reddened, but oftener there is no deviation from the normal.

When metastasis takes place the point is not at all likely to be overlooked, the pain, swelling and tenderness of the parts newly involved being unmistakable in their subjective and objective symptoms.

This translation of the disease from one part to another may take place at any period, and when the orchitis or oophoritis subsides the parotid may again take on the inflammatory condition.

Inflammation of the parotids is so rarely fatal that small opportunity has ever been offered the pathologist of making post-mortem examination into the minute changes which take place in the glands during the course of the disease. Some maintain that in the idiopathic as well as in the more frequently fatal cases of symptomatic parotitis, the inflammation starts in the gland tissue proper, while others maintain that a catarrh of the duct constitutes [the initial lesion. Others again assert that the interstitial and the connective tissue around the gland are the true seat of the inflammation. Certain it is that no deposition of fibrinous material takes place, and it would seem rational if the parenchyma of the gland were principally involved we should more frequently than we do have a subsequent and consequent suppurative tendency. The sudden subsidence of the swelling when metastasis takes place would *a priori* indicate that the duct rather than the substance of the gland was mostly implicated. But wherever the inflammatory action may have its origin, the interstitial and cellular tissue around the gland give most evidence of the existence of the disease. They become hyperæmic, infiltrated with serous fluid, and in consequence much swelling with its attendant pain takes place; and this œdema involves not alone the parotid gland but also adjacent structures beyond.

The prognosis is almost invariably favorable, except in those rare cases where the brain or its meninges become implicated, the disease is one of the most trivial nature. Atrophy of the testicles has been known to follow metastatic orchitis; but such a result is most exceptional in its character. When abscess of the parotid occurs discharge takes place outwardly, and is to be favored when it cannot be averted.

Such an event may be anticipated when there is increased pain, dusky red appearance about the centre of

the gland, with an areola of hardness around it.

While the disease is mostly trivial in its nature and the prognosis under whatever treatment, or no treatment at all, is nearly always favorable, yet the possibilities of dangerous complications should put us on the alert to avoid them, and to this end rest and care should be enjoined during the first few days after once the disease is recognized. The patient should be kept indoors and rigidly excluded from cold air and draughts that might occasion cold. It will generally be sufficient to protect the neck with a soft handkerchief, or in case the gland is very painful dry heat may be applied. A very neat and grateful mode of applying the latter is by means of a thick layer of absorbent cotton, heated hot in the oven or otherwise, and bound around the neck.

If suppuration seems impending hot poultices of flaxseed should be frequently applied, and as soon as fluctuation is discernible the abscess should be opened. The loose structure of the glandular tissue so readily permits burrowing of pus that its evacuation should be insisted upon at the earliest moment after recognition, or complete destruction of the gland may result.

The remedies which have been found most serviceable in this affection are the following:

Aconite.—High fever; headache: disease inaugurated with a chill; or chilliness alternating with flashes of heat.

Belladonna.—Especially useful if the constitutional symptoms are severe; parotids throb or pulsate; swelling assumes an erysipelatous character. Bell. is also a most useful remedy where metastasis occurs to the genital organs.

Mercurius.—This is the prime remedy—the remedy of remedies—in this affection. The specific action of Mercury upon the salivary glands is well known. It is the most homœopathic to the disease of any remedy

in the *Materia Medica*. It corresponds to nearly all the phenomena peculiar to the affection from the mildest to the most malignant. It may be administered from the outset to the full culmination and subsidence of symptoms either alone or with some one of the other remedies mentioned, administered intercurrently. The writer's preference is usually for the *Merc. sol* of Hahnemann; but for the induration which is sometimes left, or where resolution is tedious, the *Merc. iodatus* may take precedence.

Kali iodatus.—In cases where salivation is pronounced, or where the saliva is vitiated in character, producing excoriation.

Besides these remedies, *Conium*, *Phytolacca*, or *Silicia* may be needed according to their well-known pathogenesis.

Pulsatilla vies with *Belladonna* in cases where metastasis has taken place.

STRICTURE OF THE RECTUM, WITH AUTOPSY.

BY

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Mr. D., aged fifty-four years, was born in Virginia, of healthy parents, and until the present illness had enjoyed good health. His father was lost at sea. Mother is ninety-three years of age now, and vigorous. He had severe symptoms of indigestion from time to time during six months previous to May 21st, 1884, at which time he was suddenly seized with pains in the abdomen and vomited the ingesta of corned beef, etc. The cramp like pains and vomiting were arrested by morphia hypodermically injected. Pains returned the next morning with vomiting of mucus and much straining, failed to relieve by enema, but secured quite a free passage by giving freely of Husband's magnesia, one table-

spoonful at the first dose, followed by half that quantity every four hours, until an evacuation was produced. He was immediately convalescent for the next week, with some pain and tenderness all over the abdomen, then he had another attack of pain and protracted vomiting. Was relieved by opium suppositories, all other means failing. In a few days he was out and came over to New York (from Jersey City Heights). Bowels moved a little by enema, much flatulence and indigestion. In two weeks he had another attack of pain with profuse and continued vomiting, bowels much constipated, would move occasionally by enema, but all medicines of a purgative nature had to be discontinued, as they produced pain and vomiting however mildly administered.

He was relieved for ten days or longer from all pains and flatus by a cold compress on bowels, and was always better when the medicines were the lightest. The next few weeks were a repetition of what had already been experienced, all symptoms gradually growing worse, much pain and flatulence, bowels moving only a trifle by injections from time to time. All forms of peptonized diet were tried and failed to comfort or nourish. Rectal bougie about half an inch in diameter was passed to the sigmoid flexure, seemed to meet with obstruction, but nothing was to be felt by the finger. Diagnosis: Obstruction at the sigmoid flexure.

For the next six weeks life was sustained by using peptonized beef by the rectum as well as in the stomach.

About July 15th I was called in to see the case by Dr. E. W. Pyle, whose patient he was. My diagnosis confirmed that already given. He then vomited blackberry seeds, the berries having been eaten two weeks previously.

During the entire sickness no hardness as of a tumor could be felt anywhere over the abdomen, and there was not at any time any especial soreness, except what was induced by

vomiting or the severe flatulence, which distended the large and small intestines until their form could be seen through the abdominal parietes. Every ten days or two weeks a little fecal matter would come away per anum with an injection.

The last few days of his illness was characterized by marked stercoraceous vomiting. A little flatus would occasionally escape from the rectum, even to the day before he died.

His body became greatly emaciated, still nothing could be felt through the parietes.

He died August 1st, 1884.

Post mortem examination revealed a small, hard, white growth around the sigmoid flexure, between the mucous membrane and muscular coat, which cut gritty under the knife. Microscopical examination was not made.

The stricture, when cut out, would only admit the passage through it of an ordinary silver probe, and the outside calibre of the gut was not enlarged.

The intestine at the site of the growth was firmly adherent to the side of the pelvis.

The immediate cause of death was asthenia, due to the excessive emaciation.

THE RING FINGER IN MUSICIANS.

DIVIDING THE ACCESSORY TENDONS
OF THE EXTENSOR COMMUNIS
DIGITORUM MUSCLE.

BY

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When the middle finger and the ring finger are brought down by the flexor muscles, and their balls are held down firmly against the keys of a musical instrument, as in performing on a piano, for the purpose of producing continuous sounds, and at the same time it should be necessary to extend and then to flex the ring finger in order to produce accompanying sounds, it will be found that

in the still flexed position of the middle and little fingers, the ring finger can be but very slightly extended. Its complete extension, without operative interference, can only be brought about by long continued exertion in practice, when elongation of certain accessory, but restricting, tendons is made by nutritive change.

In the dorsal aspect of the metacarpal zone in man, dissection shows that the tendon of the extensor communis digitorum muscle that goes to the ring finger gives off a slip on either side, one of which goes to join the extensor tendon of the middle finger and the other to join the extensor tendon of the little finger. These two slips are known as the lateral vincula or *accessory* tendons. Now, while the middle and little fingers are held in a flexed position, these accessory tendons, by virtue of their attached extremities, hold in check the extending power of the muscular fibres operating upon the tendon of the ring finger, and thus this finger is restricted in its function of extension. These accessory tendons are sometimes found in one hand and not in the other. They exist more frequently in the right hand than in the left.

In 1857, Mr. J. D., consulted me in regard to his inability to *lift up* the ring finger of his right hand while the middle and little fingers neighboring were held flexed on the keys of his piano. This restriction did not exist in the ring finger of his left hand; with it he had no trouble. I explained to him the presence of the accessory tendons in his right hand, with their restricting power, and told him of their probable absence in his left; they could be distinctly felt in his right hand, I could not observe them in the left.

At his desire I performed the operation of subcutaneous tenotomy. An incision less than a quarter of an inch in length was made through the skin and fascia just below the carpal articulation of the metacarpal bone of the ring finger, and above the radial accessory slip of his right hand and

parallel with, and on the radial aspect of, the extensor tendon of the ring finger.

A narrow, blunt-pointed bistoury placed in this incision, with its handle depressed and its blade flatwise, was carried beneath the accessory slip and down as far as just a little above and between the knuckles of the ring and middle fingers, where its blunt point could be felt beneath the skin. The bistoury was now turned with its sharp edge towards the skin, and the middle finger strongly flexed and the ring finger extended, so as to make tense the accessory slip, when with a gentle sawing motion the slip was at once severed; the bistoury, turned flatwise, was now withdrawn through the same opening by which it entered. The accessory slip on the ulnar side of the extensor tendon of this ring finger was divided in a similar manner immediately afterwards by a distinct incision through the skin and fascia on the ulnar side of the extensor tendon of this finger. Not a quarter of a drachm of blood was lost in the two operations. A small piece of adhesive plaster was placed over each incision and a figure-of-8 bandage was carried around the wrist and hand, leaving the thumb free, and kept on for two days, when the patient was asked to perform on his piano in order to keep the cut extremities of the accessory tendons apart. A slight swelling of the parts existed for less than a week. The liberation of the ring finger was complete. The ball of the finger could be elevated an inch farther from the plane of the hand, and my patient expressed his gratification at the extended and great facility with which he could use this ring finger on the keys of his piano.

In 1881, Mr. Richard Zeckwehr, the director of music in the Philadelphia Musical Academy called on me and asked me whether I could not cut these accessory tendons. He stated that if they could be cut that he was sure much time would be saved. Mr. Zeckwehr had been well taught the anatomy of the hand, in

Leipsic, and was well aware of the restraining force of these tendons. He brought to me a young man whose left ring finger was very much restricted and the tense accessory tendons could be distinctly felt. I operated at once, and on dividing the tendons of the fingers he could lift this finger from the plane of the hand an inch higher than before the operation.

Since 1857 I have divided these accessory tendons for the purpose of liberating the ring finger in fourteen persons, and in nine of these the operation was performed on the tendons of both hands at one sitting. I do not think at any one of these operations half a drachm of blood was lost. In not one of them did any accident follow the operation. The issue in all of them was successful. There was not only relief in using the ring finger, but there was also an absence of exertion, which, before the operation, was constant and forcible along the back of the forearm and hand. It will be observed that in this operation the complete sum of the power of the extensor tendon going to the ring finger is left unimpaired. Nor does the operation lessen the power of the common extensor muscle to extend the neighboring fingers.

The question may be asked, then, Of what use are these accessory tendons in man? As far as I am capable of observing, they are entirely vestigial. Just as we may believe that the plantares are vestigial muscles. This brings us to look into the comparative anatomy of these accessory tendons, and to examine the entire muscular anatomy of the hand. Prof. Owen thus writes, in regard to the flexor and extensor muscles in the hand of mammals: "The deep and superficial flexors of the fingers are distinct, but a remnant of that blending which exists in most lower mammals may be seen in the short connecting tendon which, in the *aye aye*, passes from the ulnar belly of the 'flexor sublimis' to the division of the 'flexor profundus,' giving off

the tendon to the middle fingers. The fleshy part of both flexors, but especially the deep one, is continued nearer to the hand in *Lemuridiæ*, and most other *Quadrumanæ*, than in man, thus enabling the muscles to continue their action as finger-benders when the hand itself is flexed. * * The 'flexor brevis,' the 'abductor,' the 'adductor,' and 'opponens pollicis,' are present in the chimpanzee and gorilla, as are likewise the 'extensor longus' and 'extensor brevis.' In the orang these muscles begin to be confounded; in most lower *Quadrumanæ* they are blended together. The homologue of the 'extensor indicis' of man bifurcates, and sends a tendon both to the index and medius digit; the homologue of the 'extensor minimi digiti' likewise splits, and sends a tendon also to the annularis; so that, while in man the index and minimus only have two extensor tendons, all four fingers have them in most *Quadrumanæ*. The hand is thereby the stronger as a suspensor of the body from a bough."

In all felines we find that, although lateral motion in the hand is restricted, flexion and extension are very forcibly made. Thus in the cat we find not only a common extensor but also a proper extensor to the index, middle, ring and little fingers. The proper extensors to the index and to the little fingers have their analogues in man in the extensor indicis and the extensor minimi digiti. In man the common extensor tendon of the ring finger gives off lateral branches; in the cat it does not, for here we find a perfect additional organ. We may believe then that the accessory tendons, going off from the extensor tendon of the ring finger in man, are the vestigial remains of muscles which in the lower animals are developed and perfect organs. I would divide them just as I would divide the tendon of the internal rectus in certain cases of squint, in order to extend the range of vision.

In examining the muscular anatomy of the hand, it will be found that

flexion and extension are produced not only by those muscles which especially make these motions, but by all those muscles whose tendons pass beyond the radio-carpal articulation. Flexion of the wrist is produced by the radial and ulnar flexors of the carpus, and is aided by the flexors of the fingers, when the action of those muscles of the fingers is either completed or is opposed by any resistance, as when the over-extended hand is pressed against a surface in pushing, or in the support of the body. Extension of the wrist, in a similar manner, is accomplished not only by the three muscles specially devoted to that function—the extensor carpi radialis longior and brevior, and the extensor ulnaris—but also by the extensors of the fingers. To ensure the efficient action of the long extensor and flexor muscles of the fingers it is necessary that there should be simultaneous action of the flexors and extensors of the wrist respectively; for the wrist-joint must be fixed backwards by its extensors, in order that the long flexors of the fingers may act. And the wrist must be fixed forwards by its flexors, in order that the long extensors may act upon the fingers. The flexor communis digitorum sublimis and the flexor profundus bend respectively the second and third phalanges of the fingers, while the extensor communis extends the *first phalanx*. The four lumbricales, on the other hand, and the seven interossei muscles have a double action, in consequence of their insertion into the lateral expansions of the extensor tendons, and some of the interossei directly into the base of the first phalanges. This action consists, first, in the flexion of the fingers at the metacarpo-phalangeal articulations, and, second, in extension of the second and third phalanges. The lumbricales and interossei, therefore, are antagonists to both the long flexors and to the long extensor. This partial and combined action of the long and short muscles upon the fingers has been well known

for some time, especially as regards the lumbricales; but it has recently been confirmed and elucidated, as regards the interossei, by the electrophysiological experiments and pathological observations of Duchene.

With respect to the interossei, it is further to be observed that, besides being *flexors* of the *first* phalanges, by virtue of their insertion into the base of these bones, and at the same time *extensors* of the *second* and *third* phalanges, by virtue of their further insertion into the lateral expansions of the extensor tendons, they severally exercise an abducting or adducting action on certain fingers, or direct them away from or towards the middle line of the hand, according to the places of their respective insertions; and thus the four dorsal interossei are abductors of the index, middle and ring fingers, and the three palmar interossei are adductors of the index, ring and little fingers respectively.

DISCUSSION.

DR. JOHN B. ROBERTS said: I have been greatly interested in hearing the account of the operation given. Since student days it has been in my mind, but I never happened to be called on to perform it. It was then taught as advisable and looked on as justifiable, and I now know that this suggestion must have come from Dr. Forbes. I have long tried to figure out a reason for these slips, and the disposition has been to regard them as analogues of structures found in lower animals, as Dr. Forbes holds. We have special extensors for the index and little fingers, and I have seen on rare occasions a special extensor for the middle finger, but I never heard of a special extensor for the ring finger. The remarks on white fibrous tissue are interesting. The actions of this tissue are most important in holding the various organs of the body in place. It is at times, however, a surgical disadvantage, as, for instance, in the case of abscesses, where the pus being confined by the density of this tissue, does harm by

more or less extensive burrowing. In binding down tumors, and thus causing pain by pressure upon the nerves, and by causing suffocative pressure in bronchocele, it also demands operative interference. We can often relieve pain and asphyxia caused by pressure of this tissue by free incisions made subcutaneously or openly. I shall be glad to hear further as to the time test of these cases, and also as to whether the uncut tendon is made more pliable by actual stretching after long months of piano practice. It would seem to me that there was no stretching of this tendon possible, but that practice caused only a lateral movement of the contiguous tendons, and thus permitted a greater freedom of motion in the finger. If this increased motion is possible, then how much time is gained by the operation? The operation itself must be a very simple one, and there should be very little danger of the tendinous bands uniting again.

DR. H. A. SLOCUM: As there will probably be many ladies undergoing the operation, a pertinent question is: How much of a scar does it leave?

DR. DE FOREST WILLARD: some years since I heard that this operation had been performed for pianists, but did not know the exact details of results desired until this evening. The only danger would be that too deep a cut might divide fibres of the dorsal interossei, muscles which are of especial service to the musician since extension and flexion of the first phalanx are important actions. These accessory tendons, as seen in the dissecting room are sometimes variable in their position but the operation seemssimple, and from the excellent results which I am accustomed to secure by subcutaneous divisions of fasciæ and tendons, I am inclined to favor the procedure of the lecturer.

DR. A. H. SMITH: This operation and the advantages to be gained by a free use of the finger are both altogether new to me. As Prof. Zeckwehr is present I hope he will state its value to the pupil and

whether it is better than the ordinary ring and elastic cords used by beginners.

PROF. ZECKWEHR, speaking by request of the Chair, said: Pianists find great difficulty in performing, owing to their inability to extend the ring-finger. It takes a long time to remedy the difficulty to any extent by practice. With the palm down it can be raised but a short distance. The natural strength of this finger is not so great as that of the others. My pupil, on whom Dr. Forbes operated, gained in a quarter of an hour what I had not accomplished in twenty-five years' practice; before the operation he could raise the finger a quarter of an inch—after it, an inch and a quarter—a gain of a whole inch in a few minutes. I surely think the time gained a great advantage to piano pupils.

DR. CARL SEILER: I am not a practical musician, but would ask if there was a great improvement in touch to be gained by this operation. I have noticed in what might be called one school of musicians that the motion from the fingers was taught, while another taught motion from the wrist. The question is æsthetic. Can we gain a better touch by severing these bonds?

DR. BLACKWOOD: In organ playing lateral movement of the fingers is necessary as well as extension. Does the operation increase the abduction movements? Experience has shown me the advantage of such mobility, especially when the same hand is occupied in playing chords on two different manuals at one time, as for instance, on the 1st, 3d and fifth on the great and choir.

DR. FORBES, in closing the discussion, said: In regard to the scar, I examined one of the patients to-day, and the scar could scarcely be seen. It should be distinctly understood that the cut necessary for this operation should be but little longer than the width of a match. By means of a blunt knife to cut the tendon, and making the tendon tense, nothing else need

be cut. From the first I performed this operation with a tenotome, but I received a letter from a gentleman at a distance, who said he had cut his own tendons with a razor. Dr. Willard spoke of cutting the dorsal interosseous muscle. If he does not carry the incision beneath the investing sheath he will not touch the muscle. You may cut the nerve to be found here next to the skin, but a dull knife avoids this by *shoving* the nerve before it.

Dr. Allen spoke of encountering membranous bands on the tendon. I would cut tendons and bands at once. The patient should play at once on the piano after the operation, and if any bands remain they should be cut by reintroducing the knife. Both tendons are cut at one sitting. Dr. O'Harra was struck by the absence of the mention of women, considering their great activity as pianists. In fact, one patient alluded to was a woman. It may be that their joints partake of the greater mobility of their nature, and are less rigid. I have certainly found that these ligaments do not obstruct their playing on the piano so much as in men. If the principle in music depends on the equality of sound, and these bands interfere with the development of this equality, I see no reason why they should not be severed. The operation, of course, can not lessen lateral motion. As to elongation of tendons, this can be only by nutritive change. There is no elasticity in white fibrous tissue; sometimes it appears to elongate, but that is merely by lateral movement of fibres. This rigidity is the greatest value of white fibrous tissue.—*Lancet and Clinic*.

CASES OF CHOLERA.

BY

AMAR CHAND MUKERJEA, M.B.,
Calcutta.

(Concluded from page 25.)

Case XXXIII. Bechu Ghose, aged 35, a laborer by occupation, had five

watery motions since the morning of the 1st May, and had taken a few doses of camphor till 8 P. M., when I saw him first the stools were choleraic, extremities cold, cold clammy sweat and pulse almost thready. Ordered Veratrum 3, every hour.

2nd May. Had five motions last night still choleraic, urine still suppressed; pulse improved; troublesome vomiting, ordered Canth. 3, every 3 hours.

4th May. Doing well.

Remarks.—From the above report, brief as it is, it will be seen that out of thirty-three cases treated, death occurred only in six, showing a mortality of nearly eighteen per cent. Of these six, two were babies, a week old, whose vitality was as a matter of course, too low to grapple with the formidable malady and who, as was expected, succumbed within twenty-four hours (one of them having been under my care only for three hours); the other four died within twelve hours showing the extreme virulence of the poison. In the majority of cases, Ipecac. or Veratrum was given at first, according as the case was of the gastric or gastro-enteric variety respectively, and a dose or two of Cuprum 6 being sufficient to relieve the cramps if present, and Ars. either alone or in alternation with Carbo, was ordered, as soon as the signs of collapse began to appear, and then with the incipient signs of reaction, Cantharis was administered till the patient passed urine, and China completed the case. On the first day of the attack, and so long as the signs of reaction did not appear, nothing was allowed in the shape of food, except ice and iced water; on the 2nd day, barley water (iced) till diuresis was established, on the 3rd day, Gandal soup and on the fourth, soft rice. In the hot weather, as the body is generally bathed with perspiration, and as hot bottles, etc., rather promote and add to the sufferings of the patient, I had not recourse to them but was content with mere friction of the extremities, when they

were icy cold. In some cases of imperfect reaction, I had to resort to Ars. or Carbo in alternation with Canth. till the pulse decidedly improved. The action of the kidneys was established in most cases, after thirty-six or forty-eight hours from the hour of attack. In two cases, there were typhoid symptoms, and in other two, hydrocephaloid disease of Marshall Hall followed the attack of cholera. In the former set of cases, a crop of measly eruptions appeared on the body on the eighth day, and the patients were all right with its disappearance; in the latter set, convalescence began just from the 9th day. Ricinus 3 was tried in two cases, in one of which two or three doses sufficed to check the disease at its very onset. It is very interesting to observe how nicely Sulph. and Bell. acted in ameliorating the conditions of the two little patients who were attacked with hydrocephaloid and whose lives had at once been despaired of. Of the thirty-three cases, ten belonged to one circumscribed quarter of the village, using the water of the same tank for drinking, cooking and bathing purposes, five to another quarter about half a mile distant, and eight to a third about a quarter mile apart—a circumstance, which furnishes good grounds for concluding that impure water plays an important part in the propagation and dissemination of the disease. Two only of the patients had been treated with allopathic drugs at the commencement, and one only took a few doses of sp. camphor, on the first appearance of the watery motion. The worst patients, as far as I have been enabled to judge, are those, in whom any of the following symptoms are present, viz., (1) profuse alvine evacuations occurring at very short intervals, (2) abnormal heat of the trunk, with coldness of the extremities, (3) fulness of the pulse at the very beginning of reaction, (4) suppression of urine beyond 48 hours, (5) dyspnœa in the stage of collapse.

—*Cal. Jour. Med.*

THE
AMERICAN HOMŒOPATHIST.

*A Monthly Journal of Medicine, Surgery
and Sanitary Science.*

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Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, *unless endorsed in our editorials.*

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A. L. CHATTERTON PUB. CO.,
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EDITORIAL.

Noblesse oblige, our privilege compels us ; we professional men must serve the world, not, like the handicraftsmen, for a price accurately representing the work done, but as those who deal with infinite values, and confer benefits as freely and nobly as nature.—
EDWARD EVERETT HALE.

The annual meeting of the State Society will be held at Albany, on the tenth and eleventh of the current month. No arrangements for special railway fares have been made, as ordinary excursion rates are as favorable as any terms obtainable. These meetings express to the public eye the energy and enthusiasm of the homœopathic fraternity. For if well attended they index the progressive spirit of the school, and show the unity of purpose and the faithfulness to the principles of *similia* which should domi-

nate us. But if weak in numbers they may, and would, give plausibility to the assertion that devotion to the principles and the name is dying out of the school.

Beyond this public duty, which should be a sufficient inducement to every homœopathic practitioner of the State, to warrant him making any necessary sacrifice to come up to the meeting, there is the personal advantage which is sure to accrue from such association. The fraternal feeling, the interchange of clinical information, the break in the routine of life, are all valuable aids to future success, and are appreciated in proportion as one takes advantage of them.

* * *

At this time of the year medical legislation, like smallpox and typhoid, is in season ; and bills purporting to regulate medical matters for the benefit of the sovereign people are likely to be numerous. It is, however, a fact, that no medical statute has been enacted, in any State of the Union, at the desire of the people ; and probably never will be. If so, it will be to demand perfect freedom in medical practice, as in all other callings ; and the repeal of everything in the nature of class legislation. The criminal code is sufficiently broad to cover carelessness, neglect, malpractice, and all other medical sins, and there is no more necessity of special statutes circumscribing the practice of medicine than there is of like interference in the clerical, legal, or scientific pursuits. The New York statute of 1880 is not only an encroachment upon the rights of the people, but upon the rights of physicians and the rights of medical col-

leges as well, and a distinct violation of the comity existing between the people of the several states. It is unconstitutional, and should be repealed.

* * *

During the past eleven years, there have been about seventeen thousand deaths from diphtheria in this city ; an average of over fifteen hundred per year. It is gratifying to notice that during the past three years the deaths each year have only been about one thousand ; and taking into consideration the increase of population, the death-rate from this cause is steadily decreasing. The whole number of cases reported were about thirty-seven thousand, and the ratio of death nearly fifty per cent. Had all of these cases been treated on strictly homœopathic principles, how many of these little patients would have been saved ?

* * *

The citizens of New York, and the school of Hahnemann everywhere, have reason for congratulation on the continued and augmented success of the Ophthalmic Hospital of this city. During the past year more than ten thousand patients have benefitted by this noble charity; and about fifteen thousand dollars have been expended. Under the skillful management of T. F. Allen, C. Th. Liebold, Geo. S. Norton, and H. C. Houghton, this institution has assumed an importance in the public clinical work of the city which but few except those in the immediate conduct of the Hospital realize. So quietly has it grown to its present proportions that a surprise awaits any practitioner who will visit it during

the busy hours of the afternoon ; and we hope that out-of-town physicians will avail themselves of any opportunity that presents to acquaint themselves with the extent, variety and importance of the work here daily accomplished.

* * *

It is certainly not yet apparent to the younger homœopathic practitioners what a valuable field of clinical experience is open to them at the Ophthalmic Hospital, or more would avail themselves of the opportunities there presented to study the various forms of eye, ear and throat diseases. In all, there are eighteen instructors, each an accomplished expert in his department, and the faculty, as a whole, is brim-full of enthusiasm in their work. Any graduate in medicine may become a student ; and six months spent in this way would prove a paying investment to at least one physician in every town in the United States.

* *

The new Homœopathic Hospital, now in course of erection at Melbourne, will be a sightly structure when completed, and an enduring monument to the zeal and perseverance of our antipodal confreres. This is the first homœopathic hospital in the southern hemisphere, and will undoubtedly be influential in giving solidarity to the cause in that distant quarter of the world. The statistical information furnished in the sixteenth annual report shows that the hospital is well managed, and its affairs progressing prosperously.

* *

The influence of the mind over the body was never better illustrated than

in the recent experience of Mr. Crosse, of England, as detailed in the *Cornhill Magazine*. He had been bitten by a cat, who died on the same day from hydrophobia. He resolutely determined not to be frightened by the occurrence, and three months passed, during which he enjoyed his usual health. One morning, however, he felt a severe pain in his arm, accompanied by severe thirst. He called for water; but "at the instant," he says, "that I was about to raise the tumbler to my lips a strong spasm shot across my throat. Immediately the terrible conviction came to my mind that I was about to fall a victim to hydrophobia, the consequences of the bite I had received from the cat. The agony of mind I endured for one hour is indescribable; contemplation of such a death—death from hydrophobia—was almost insupportable. The pain, which had first commenced in my hand, passed up to the elbow, and from thence to the shoulder, threatening to extend. I felt all human aid was useless, and I believed that I must die. At length I began to reflect upon my condition. I said to myself: 'Either I shall die or I shall not; if I do, it will only be a similar fate which many have suffered and many more must suffer, and I must bear it like a man. If, on the other hand, there is any hope of my life, my only chance is in summoning my utmost resolution, defying the attack, and exerting every effort of my mind; accordingly, feeling that physical as well as mental exertion was necessary, I took my gun, shouldered it, and went out for the purpose of shooting, my arm aching the while intolerably. I met with no sport, but walked the whole after-

noon, exerting at every step I went a strong mental effort against the disease. When I returned to the house I was decidedly better; I was able to eat some dinner, and drank water as usual. The next morning the aching pain had gone down to my elbow, the following day it went down to my wrist, and the third day left me altogether. I mentioned the circumstance to Dr. Kingslake, and he said he certainly considered I had had an attack of hydrophobia, which would possibly have proved fatal had I not struggled against it by strong effort of mind."

* *

This is an age of electricity, and even in the wilds of Africa it is used as a remedial agent, though in rather a primitive way, according to the report of a traveller, "where they used a live fish as a doctor. I first observed this peculiar cure practised on the Old Malabar river, where I went several years ago on a collecting tour. I was awakened one night by groans and cries, and got up to find that a child in the adjoining hut had been taken sick. Upon going in to see if I could do anything, I found the women filling a great basin with water, in which was placed a catfish, the one we know as *Malapterus electricus*, which they took from a gourd that served as an aquarium. Into the water the child was forced. Then it was made to pick up the fish. That it received a shock was evident, as it dropped the fish and screamed all the louder. But the women made it take hold of it again. Whether it did any good or not I am unable to say; anyhow the child stopped crying and seemed better; perhaps the fish benumbed it. It was the elec-

tric catfish, common in African rivers. When first taken up they give quite a powerful shock. The next morning I made some inquiries and found that the catfish was a sort of African soothing syrup given to babies quite regularly, and to any one else when they happen to need a dose. As soon as a native child began to complain, a tub was brought out and several of the fish caught, if they were not on hand, and the child made to get in and play with the fish. Not only did they do it to cure the sick, but in some tribes the mothers, when washing their infants in the morning, invariably made them take a shock by touching the fish; this they said made the babe grow to a strong man. The children, however, strongly objected to it, and the yelling and squalling when the fishes were brought out were appalling. The children are also made to drink the water, and finally the electric fish is eaten; so that the remedy is a veritable cure-all, and can be taken externally or internally, as the case may be."

*
* *

Our March issue will contain articles by Prof. Dowling, Prof. Mary A. Brinkman, Prof. Alex. Wilder, Prof. Jas. A. Carmichael, Prof. Lilienthal, and a continuation of the articles of Drs. Clarence Bartlett and Phil. Porter, a valuable recent proving of *Aletris farinosa*, and much other interesting matter.

CORRESPONDENCE.

DEAR DOCTOR WINTERBURN: In the report of the meeting of County Society the stenographer makes me say that it had been the custom of the Society to make an annual donation to the Ophthalmic Hospital.

What I did say was that on one occasion a donation of twenty-five dollars was made. It was done only once. However good the deed it did not become a custom.

Yours fraternally,

HENRY C. HOUGHTON.

12 W. 39, Jan. 8, 1885.

American Institute of Homœopathy.

BUREAU OF SURGERY.

It will be remembered by those who were present at the last meeting of the American Institute of Homœopathy, at Deer Park, that though the subject selected for the consideration of the Bureau of Surgery was of the utmost importance to both physician and surgeon, the time allotted for its consideration was so restricted that not more than three minutes could be allowed to each paper, and that the discussion elicited was nil.

In order, therefore, to gain the maximum of practical information within the shortest time, the Chairman, after consultation with other members of the Bureau, has decided to depart from the usual routine, and allow but a single synoptical paper to be read, the remainder of the time appropriated to the Bureau being occupied with discussions upon the subject-matter of that paper. Reading, research, and compilation are readily accomplished at home; interchange of thought, the details of practical experience, and the expression of individual opinion are the desiderata of a public meeting.

In view of these facts, the subject selected for the consideration of the Bureau of Surgery at the next meeting of the Institute, to be held in St. Louis, is The Surgical Diseases of the Testicle, exclusive of the cord. A paper containing a brief synopsis of the diseases to which the testicle is obnoxious will be read by Prof. I. T. Talbot, M. D., of Boston, and it is hoped that not only the members of this Bureau, but all others interested in this important subject, will prepare themselves to enter into the dis-

cussion at the next meeting of the Institute. It is believed that by this method much practical information may be obtained relative to the several diseases of the testicle, which would be necessarily overlooked if the time of the Bureau was consumed by the reading of papers.

WM. TOD HELMUTH.

Chairman.

In Memoriam.

CONSTANTINE LIPPE, A.M., M.D.

I do not wonder at what men suffer in this world, but I wonder often at what they lose. We may see how good rises out of pain and evil; but the dead, naked, eyeless loss, what good comes of that?—RUSKIN.

If measured by deeds, not by years, a veteran has laid down his burdens and is at rest—if so restless and aspiring a soul can rest. The younger Lippe, the distinguished son of a distinguished father, was born in Reading, Pennsylvania, on the 1st of July, 1840. His father Adolph Lippe, a Prussian, a member of the princely family of Lippe-Duttmold, and a colonel in the Prussian army, became fascinated with Hahnemann's theory of the law of cure, and studied medicine while living the life of a soldier in camp and a nobleman in society. Having determined to practice medicine, to free himself from the legal obligations and social hindrances that bound him in Prussia, he renounced his family rights and title in favor of a younger brother and came to America, settling in Pennsylvania, where he immediately commenced practice as a physician, and rose rapidly to the highest eminence in his profession.

His son Constantine was in his boyhood dedicated to Homœopathy. He was pursuing his studies under his father's masterly instruction when the war of the Rebellion broke out. The blood in the youth's veins was soldierly, and he threw aside his books and enlisted in Rush's Lancers, a Philadelphia troop of cavalry. He

re-enlisted on the expiration of his first term, and served variously in the cavalry, infantry, artillery, and, under special detail, on a gunboat, taking part in many engagements and being promoted for gallantry to the rank of Captain. His active military career was brought to a bloody end in the terrible battle of Cold Harbor, June 3, 1864, where a fragment of a shell tore through his left leg just below the knee. Though suffering from apparently a mortal wound, he was removed as speedily as possible to the Armory Square Hospital, at Washington, where he was under the care of Dr. Charles Stewart, of Erie, to whom great credit is due for saving the leg.

The shock of this great wound was never recovered from. It permanently weakened a powerful constitution and shortened his life by many years. Returning to his profession, he speedily completed the course of study, graduating at the Cleveland Homœopathic College. There his higher study of Homœopathy began. In a much greater degree than is true of the average doctor, every case was to him both careful study and progressive education. He thoroughly gathered all the symptoms, and when these were mastered, as thoroughly studied the *materia medica* for the similitum. So conscientiously and intelligently was this work done, that he seldom had to vary a remedy or repeat a dose. It was his distinction to make cures by a single application of a single remedy. A "close prescriber" he was called by the veterans of Homœopathy. His, too, was the rare ability to tell how long after the administration of a remedy it would be before reaction would come. He knew that without reaction there could not be cure, and he had the wisdom and self-restraint to wait for it. No external influence hurried him to repeat a dose, and every page of his office day-book bore the initials S. L., which showed that under the blind of sugar of milk he had held without controversy to the remedy

selected, and was waiting for it to do its perfect work.

His power of intellectual labor was immense. Forever suffering from his old wound, never free from pain, moderate or intense, he worked on his Repertories like a man of robust health, hungry for employment. The preparation of the first edition of this valuable work, and his labor on the first volume of the second edition was a daily education to him, and his knowledge of the action of remedies was wonderful.

Had his life been prolonged to three score and ten years, it is not a rash prediction that he would have stood at the head of his profession, and that the practice of medicine would have had larger control and surer cure of human disease, because of his labors.

At a regular meeting of the Homœopathic Medical Society of the County of New York, January 14th, 1885, the following resolutions were read and adopted :

Whereas, It hath pleased Almighty God, in his mysterious providence, to remove from his devoted family, from his large circle of trusting patients, and from his professional brethren, Doctor Constantine Lippe, of this city, a member of this Society, who was distinguished alike for his bravery as a soldier and for his skill as a physician ; and

Whereas, It is due to the memory of the deceased that this Society shall bear testimony to his personal and professional worth and mingle its sorrow on the occasion of his decease with those of his more intimate personal friends and those of his family ; therefore be it

Resolved, That while this Society bows in humble submission and reverence before its Heavenly Father, who hath thus taken from it one of its most respected members, it also bears willing testimony not only to the careful training which had so admirably fitted the lamented deceased

for the arduous labors and the great responsibilities of his profession and to the admirable result of that training which was seen in his unusual knowledge of the delicate intricacies of the *Materia Medica* and in the great success which attended his professional labors, but also to the manliness of his manhood, on the field of battle, in the social circle, and in his profession, and to his great moral worth in all the relations of his life.

Resolved, That this Society respectfully extends to the devoted widow, to the venerable father, and to the other members of the family of the deceased, its earnest sympathy in their great sorrow ; humbly trusting, at the same time, that He who hath taken from them a husband, a son, and a brother, will also graciously extend to each of them His heavenly support and comfort.

Resolved, That copies of these resolutions, duly attested by the secretary, be sent by him to the widow of the deceased, and to his venerable and distinguished father, be spread on the minutes, and that they also be sent to the medical journals of New York and Philadelphia for publication. A. B. NORTON, M.D., Sec.

ABSTRACTS.

MALARIA — ARSENIC A PROPHYLACTIC.—Dr. Edward Drummond, of Rome, states in the *British Med. Jour.*, August 30, 1884, that arsenic has been found conclusively to exert a prophylactic power in malaria.

LARYNGISMUS STRIDULUS.—In a clinical lecture on this complication of rickets, Professor Widerhofer (*Allgemeine Wiener Med. Zeitung*) recommends traction of the tongue during the attack, to prevent closure of the glottis, or sprinkling cold water in the face.

LANGUID LABORS—HOT ENEMA—Prof. Goss for years has taught his class that one-half pint of hot water thrown up the rectum would stimu-

late the uterus and promote stronger contractions in languid labors, or reduce tension in lingering ones.—*Georgia Ecl. Med. Jour.*

A writer in the *British Medical Journal* thinks that when a medicine has been shown to be effective in certain affections, there is a tendency to vaunt its usefulness in diseases over which it has no influence. The bromide of potassium is cited as being "a good instance in point, that excellent but ill-used drug having been recommended in nearly half the ills that flesh is heir to."

The *Journal of Inebriety* gives the result of Dr. Napier's inquiry into the nature of diet, the object of which was to solve the question of how far certain foods encouraged or prevented the craving for drink. He concluded that macaroni, beans, dried peas, and lentils antagonize in a marked degree the desire for alcohol. In the treatment of alcoholism, farinaceous foods should be used in preference to all others.

The *Medical Press* (London, Oct. 8) states that the Commission appointed by the Government of India to examine into the cholera question has reported that Dr. Koch's microbe is not the cause of the disease. Dr. Klein, director of the Commission, is well known as a thorough and exact investigator in microscopy, and so convinced was he of the harmlessness of the comma bacillus that he swallowed a number of them; they produced no noticeable effect upon him.

TREATMENT FOR FELONS.—The application of the Faradic current, the positive pole to the affected thumb or finger, for ten or fifteen minutes, will allay the pain and inflammation. The application should be repeated the next day, and perhaps a third treatment on the following day may be necessary. This treatment in my hands has been sufficient to cure several cases after the parties had lost

several nights' sleep on account of the pain, and had been advised to have the finger opened to the bone.—*East. Med. Jour.*

As a preventive of Asiatic cholera, Dr. Constantine Hering, in his "Homœopathic Domestic Physician," says: "The surest preventive is sulphur; put half a teaspoonful of flowers of sulphur into each of your stockings and go about your business; never go out with an empty stomach, eat no fresh bread or sour food. Not one of the many thousands who have followed this my advice have been attacked by cholera."

FRECKLES.—Freckles, or lentigo, may sometimes be made to disappear by an application of citric acid night and morning. The method employed by dermatologists, and attended with considerable success, is to apply a solution of corrosive sublimate, one to three grains to the ounce of water, or emulsion of almonds night and morning. Dr. Duhring reports the latter as the most satisfactory, and advises its application until a slight amount of desquamation takes place.—*St. Louis Med. and Surg. Jour.*

LITERATURE.

Prof. Belfield, of Chicago, who is pleasantly remembered in New York, since his course of lectures at Association Hall, on the relation of microorganisms to disease, has written a work on the diseases of the male genito-urinary tract, which will furnish good reading to the practitioner.* Prof. Belfield may be described as a very readable author, for while somewhat dogmatic, his style is crisp and bright, and his special experience in this department enables him to speak as one having authority. It is evidently the purpose of the book to

* *Diseases of the Urinary and Male Sexual Organs.* By William T. Belfield, M.D. 8vo., pp. 351. 24 wood-cuts. (New York: William Wood & Co.

encourage greater thoroughness in the examination of patients suffering from urinary or sexual disorders, and the author discusses the means at the physician's disposal for the recognition of morbid states, which he claims are much greater than are generally utilized. Roughly speaking, the first hundred pages of the text are devoted to the survey of these methods of examination, the second hundred to the physiology and pathology of the urine, and the third hundred to a consideration of the special diseases of the kidney, bladder, prostate and testicle. The book is valuable to the practitioner as furnishing in a complete form the present state of knowledge on the subject.

Dr. Prosser James, of London, has written on the therapeutics of the respiratory passages.* The first half of the work, in which he treats of nutrition, food-stuffs, beverages, exercise, and rest, is altogether admirable; but the latter half of the work is of no value, and little interest, to the homœopathician. The one hundred and fifty pages, which form the initial half of the volume, are worth to any practitioner the cost of the whole, and more too; so we can well afford to take advantage of the useful part, and let the crude ideas on drug-action which the author possesses, in common with many other able and estimable men, alone.

The subject of medical botany is one of peculiar interest to homœopathists, and every help in this direction is welcome. Dr. Lawrence Johnson has prepared a manual of our native medicinal plants, which William Wood and Company have brought out in a very handsome manner.† The colored plates and other

illustrations, are as near perfection as it is possible to make them, and the entire work is a beautiful specimen of typography. As an adjunct to the study of *materia medica* the work will be found of real value, though the author's comments on medical properties and uses are vague, misleading, and frequently inconsequential. The author has apparently great contempt for most of his material as therapeutic agents, and frequently sneers at those who get more out of a drug than he can. It seems a little singular that one who has so small a portion of faith in drugs should spend so much time in collating their physical characteristics; but, fortunately, this portion of the work is well done, and, therefore, the author's "judicious scepticisms" need not disturb our equanimity.

Dr. Millspaugh, of Binghamton, has arranged the symptoms of eczema in a convenient form for reference.* As this disorder is often intractable under routine treatment, and always may be cured by the true similimum, this little work will be appreciated by many of our readers. The substance of the text appeared in the August (1884) *HOMŒOPATH*.

ITEMS.

Dr. H. R. Stout's address is now 48 Pine street, Jacksonville, Fla.

The Eclectic contains a selection from the best foreign scientific and literary magazines, and is a welcome visitor.

Mankind are too apt to judge of things solely by events, and to connect wisdom with good fortune, and folly with disaster.

"The world all praise the philosophers, but toss their pennys into the caps of the monkeys."—JOSH BILLINGS. All doctors who fail to secure the "pennies" can take this wise saying to heart!—*Homœopathic Physician*.

* *The Therapeutics of the Respiratory Passages*. By Prosser James, M.D. 8vo, pp. 316. (New York: William Wood & Co.)

† *A Manual of the Medical Botany of North America*. 8vo, pp. 292. IX colored

plates, and 159 wood-cuts. By Lawrence Johnson, A.M., M.D. (New York: William Wood & Co.)

* *Repertory to Eczema*. By Charles F. Millspaugh, M.D. 12 mo, pp. 43. (New York: A. L. Chatterton Pub. Co.)

"Your answer is very shocking," said a lady to the tramp. "Ah," replied the tramp, "you noticed it, did you? That's my personal magnetism."

Henery Ward Beecher, in the February number of the *North American Review*, is to discuss the question whether clergymen should "meddle with politics."

Diseases of the Ear and their homœopathic treatment by Charles F. Sterling, M.D., O., et A. Chir., will be issued early in February by the A. L. Chatterton Pub. Co.

Those desiring beautiful house or garden plants will serve their own interest by sending to James Vick, of Rochester, N. Y., for his Floral Guide.

None of our exchanges gives us more real pleasure than the *Phrenological Journal*. We have read it for these many years, and owe much to its profitable and pleasant pages.

The topics treated by the *Sanitarian* are always of practical utility. It is doing a good work in behalf of communal and personal cleanliness, and deserves a wide circulation.

Dr. J. R. Buchanan has just published an enlarged copy of the *Chart of Sarcognomy*, size 21x31 inches, price one dollar. Dr. Buchanan's address is 29 Fort Avenue, Boston.

An article on the importance of house drainage in the current *Century Magazine* should inspire zeal among the better instructed of the community in this important subject.

The committee in charge of the American Institute Fair, New York, have awarded the medal of superiority to the Jerome Kidder M'fg Co., for their 1884 exhibit of Electro-Medical apparatus.

A dealer in cod-liver oil in Marseilles advertises that his fish are caught in a safe and quiet harbor, where marine monsters cannot enter to frighten them into diseases of the liver. "They live there," he says, "in peace and comfort, their livers are healthy, and this is why my cod liver oil is the best."

Our excellent contemporary, one of the most valuable on our exchange list, *The Sanitarian*, in its October issue speaks very highly of the antiseptic value of Listerine. This compound compares favorably with the most reliable agents for the rapid destruction of micro-organisms.

A prince of medical science advised one of his patients to submit to a surgical operation. "Is it painful?" inquired the sufferer. "Not to the patient," replied the doctor, "but very much so to the operator." "To the operator!" "Yes; because it is an experiment that is successful only about once in ninety times."—*Surgical Reporter*.

The third centennial anniversary of the birth of Paulus Zacchias, the founder of the science of medical jurisprudence, was celebrated by the New York Society of Medical Jurisprudence, at their December meeting.

Two physicians in partnership are always a pair-o'-docs, but when we see two horse doctors doing business in like manner, it's then that we see the equine-pair-o'-docs.—*Chicago Sun*.

Quarantine regulations against cholera cause some curious difficulties on the Franco-Spanish frontier. Along the high road, near the village of Perthus, one side of the way is French, the other Spanish. Accordingly, if a Spaniard merely crosses from his house to a French *cafe* opposite for a *petit verre*, he cannot go home again until he has undergone seven days' strict quarantine.

A young woman from the Emerald Isle occupies the position of a domestic in a mansion in the vicinity of the Homœopathic Hospital in this city. A few days ago a friend called when the following colloquy ensued: "And are'n't yez homesick, Bridget?" "Homesick. No; why should I be homesick?" "Bein' away from home, and everythin' so strange loike." "Faix, then, it's the same as if I was at home, I feel. Isn't the fine hospital, the Home o' Patrick, close on there beyant."—*[Boston Courier]*.

We desire to repeat in substance an item which we printed in December last with an endorsement to the effect that both Editor and Publisher personally know and guarantee the advertiser and communications on the subject will be honorably treated.

"Physicians having specific remedies which they wish introduced, or which are already in the market but insufficiently handled, can find an active agent, with capital, experience, highest references, and extensive acquaintance with the profession and drug trade, by addressing *Capital*, care AMERICAN HOMŒOPATHIST. Only those articles handled which can be pushed by direct work among physicians.

Attention is called to the various preparations advertised in this journal by the old and reliable house of Reed & Carnrick, Manufacturing Chemists, New York. Of the excellency of many of their preparations—and none of them are secret—we can speak from personal experience. Their latest effort is in the direction of producing a preparation of Cod-liver Oil which shall meet all reasonable requirements. In a private communication the firm, speaking of their "Cod-liver oil and milk," say: "It is a combination of pure Cod-liver oil and condensed milk digested; the oil being artificially prepared for assimilation with nature's emulsifier—pancreatine, instead of gums, alkalies, Irish moss, and water. It will keep indefinitely, having been thoroughly tested.

THE AMERICAN HOMŒOPATHIST.

NEW YORK: MARCH, 1885.

CLINICAL LECTURE AT WARD'S ISLAND HOMŒOPATHIC HOSPITAL.

BY

J. W. DOWLING, M. D.,

Professor of Physical Diagnosis and Diseases of the
Heart and Lungs, N. Y. Hom. Med. College.

The first patient that I shall bring before you is a man with an enormously distended abdomen.

The history of the case is as follows: Age 35. Single and by occupation a day-laborer. His family history so far as he knows is good. He has always enjoyed good health till two years ago when he first noticed a sharp pain just below the border of the ribs in the right nipple line. This pain gradually increased in intensity for four or five weeks, when a slight swelling appeared in the region mentioned. With the appearance of the swelling the pain grew less and finally disappeared entirely, but his abdomen has continued to grow until it has reached its present enormous dimensions. Hard pressure produces pain and he tells us that when he lies on his left side he has a dragging pain, which compels him to change his position immediately. His appetite is poor, and he suffers from sour eructations and from flatulency. He says his bowels have been and are quite regular. He complains of weakness, but in other respects than those mentioned has no evidences of ill health.

The urine has been examined and is free from albumen and casts.

The patient informs us that he has for years been an excessive drinker of lager beer, but never went on sprees, and has considered himself a temperate man.

The question which interests us to-day is the nature of this swelling.

Now, gentlemen, nothing in medicine is more obscure than the diag-

nosis of diseases of the abdominal organs. After a careful examination we decide almost with certainty as to the nature of the various pathological changes in the organs contained in the thoracic cavity, but an uncertainty nearly always exists in the diagnosis of abdominal diseases, and I am not at all certain that I shall be able to unravel the mystery attending the swelling of this man's belly. There are two very common causes of abdominal enlargement that we can with certainty exclude in this case pregnancy, and ovarian tumor. If the patient was a woman the possibility of both of these conditions would necessarily be carefully inquired into, for the swelling is uniform, it is hard, its shape and position are not changed in the upright position or by turning to one or the other side. It is not produced by distension of the intestines with gas for there is general dullness on percussion—and resistance and hardness on pressure. It is not occasioned by an accumulation of fluid in the abdominal cavity, for although there is dullness on percussion, there is as you see no fluctuation, and the swelling does not yield to pressure.

From what may it arise? It may be an enormous thickening of the omentum. It may be owing to great enlargement of the liver or spleen, for sometimes these organs grow to an immense size, displacing the intestines and nearly filling the entire abdomen. Could it be owing to an enlarged kidney—hardly—although I saw a case a few years ago with Prof. Helmuth, where the belly was nearly as large as the one before you, which proved at the autopsy to be owing to a growth of one of the kidneys, but in that case there was albuminuria. This man's urine is free from albumen, and kidneys enlarged to such a size, are generally cystic. A long aspirating needle has been passed into this tumor but no fluid has been

found. This would not only exclude cystic kidney but it would exclude hydatids of the liver from which such enlargements not uncommonly arise. It is hardly resisting enough to be cartilaginous in character. I mention this for in this very amphitheatre I saw Prof. Helmuth successfully remove a cartilaginous growth from a man's abdomen which weighed nearly twenty pounds. Could it be owing to aneurism of the abdominal aorta. Possibly, but we can with safety exclude this as the cause, for although from great accumulation of fibrin aneurismal tumors sometimes reach even to the size of this—pain is a constant feature of aneurism of the abdominal aorta—and this man is free from pain, except on deep pressure, and there is no pulsation and no murmur.

Excluding then pregnancy, ovarian growth, cystic kidney, cartilaginous growth, aneurism, hydatids of the liver, ascites, and accumulation of gas in the intestinal canal, we are reduced down to thickening of the omentum, enormous hypertrophy of the liver, or enlargement of the spleen, "Ague Cake," as it is called in miasmatic sections. Spleens have been removed from abdomens, after death, weighing over forty pounds. We will examine the region of the spleen by percussion. There seems to be no difficulty in outlining it, and the swelling does not appear to commence on the left side. By careful palpation we find less induration on the left side than on the right, and there is, as you see, less resistance to pressure beneath the border of the ribs. We will, therefore, exclude enlargement of the spleen.

In rare cases we have primary tumors of the peritoneum, and instances are on record where they have attained a size fully equal to the enlargement we find in this man's abdomen, weighing as much as forty pounds. You can readily understand how difficult it would be to differentiate by inspection, palpation, and percussion alone, between an

enlarged liver and such a tumor, for there would be no line of demarkation visible between the lower border of the liver and the upper border of the tumor; no fissure could be distinguished on palpation, the amount of resistance would be the same, and the dullness over the liver would correspond exactly with that over the tumor.

The liver may be increased in size from a variety of causes—by true hypertrophy, increase in the size or number of the liver cells, by which it is sometimes enlarged to three or four times its natural size, and by hydatids, tumors, &c.

In this case the enlargement is continuous in every direction with the liver, and I am inclined to the belief that we have to deal with an enlarged liver. I found my opinion not on the physical signs alone, but on the well-known fact that the continuous use of inordinate quantities of lager beer produces derangements of that organ which sometimes result in enormous enlargements, and from the dragging pain which he has on lying on the left side.

The next case is a man admitted about a month ago, suffering from general dropsy; age, 36; by occupation a cigar maker. He, too, has been a free drinker of lager beer. About six months ago, after a period of gradually increasing debility, he first noticed an œdema of the extremities commencing in the feet and ankles. This dropsy has been better and worse at times. Now more on one side of the body, again on the other; till six weeks ago when all of the serous cavities appeared to become involved, and there was a condition of general anasarca. Careful examination demonstrates clearly the presence of fluid in the peritoneal and the pleural cavities and in the pericardial sac. And auscultation reveals rales at the base of the lungs, which prove conclusively that these organs are also œdematous.

The object of my bringing this patient before you, is to endeavor to

arrive at the pathological changes which have been the primary cause of his present condition.

Edema, or dropsy, may arise from a variety of causes. Any condition which will increase the transudation from the capillaries into the serous spaces will produce dropsy. The most common cause of this increased transudation is overloading of the veins, and the most common cause of this over-filling of the veins, this venous hyperæmia, is obstruction to the blood current through the heart; in this case the hyperæmia is general. But we may have local causes which will distend veins in certain portions of the body only, as in cirrhosis of the liver, when the compression of the portal veins in the liver produces a general distension of the veins which drain the peritoneum and most of the abdominal organs. This increased transudation may also be produced by a changed condition of the blood, as after profuse hæmorrhages, when the blood becomes watery, the vessels rapidly absorbing fluids, or, as in albuminuria, where the blood is deprived of a portion of its most important ingredients. And in addition to these causes of this increased transudation, we may have changes in the walls of the capillaries themselves.

How are we to decide as to the primary cause of the dropsy in this case. A very excellent rule, which it is well for you all to remember, is this: Cardiac dropsy commences in the feet and ankles. Dropsy from an hydræmic condition of the blood, as in Bright's disease, first appears in the loose cellular tissue beneath the eyes. Dropsy from obstruction to the portal circulation in the liver, always commences in the peritoneal cavity. This man says his dropsy first commenced in the feet and ankles. We will examine his heart to see if we can discover a valvular murmur. Owing to the accumulation of serum in the pericardial sac, the heart sounds are almost inaudible, but still I can make them out, and I

find them free from murmurs. His urine has been examined, and I am informed that it does not contain albumen or casts. He has never suffered from malarial fever which so frequently produces changes in the walls of the vessels. We naturally fall back on the heart, and enquire: could any condition but valvular disease result in venous hyperæmia sufficient to produce general dropsy? Yes. Fatty degeneration of the heart walls. This man was obese before his trouble commenced. His occupation deprived him of opportunities for physical exercise; his excessive use of lager, in addition to the changes it in excess always produces, took away the inclination for exercise even in his spare moments. There has been a general deposit of fat everywhere, on the edges of the lungs, on the heart, between the heart fibres, with probable degenerative changes in the muscular fibres of the heart themselves. We find degenerative changes in the upper border of the cornea of each eye, which in one so young are almost conclusive evidence of fatty degeneration of the heart. In all probability, this is a case of fatty degeneration of the heart, resulting from general obesity and the excessive use of malt liquors; and this general dropsy is the result. The prognosis is doubtful. I fear the disease has progressed so far, that there is not sufficient vitality left, even under favourable surroundings, to restore him to health.

I now present to you a patient suffering from a condition not infrequently met with in practice. The history of the case is as follows: The patient is a single man, fifty years of age, a gilder by trade, but he has also been a sea-faring man. His family history is good, and he enjoyed good health till two years ago when he first experienced lightning like pains in the lumbar regions and in the thighs and legs. These pains came on in paroxysms without any apparent exciting cause; later he com-

plained of tingling sensations in his toes and feet and of weakness of his lower extremities. He also noticed a sensation as if a band was tied around his body. When walking in the dark there was an uncertainty in his movements. This increased to such an extent that he was timid about going out after dark. His gait was uncertain; he had no control of the muscles of his legs; when walking, the left foot, which seemed to be the most affected, would come down on the toe first. During the past year there has been a numbness and tingling in the fingers of both hands; sexual desire diminished with the onset of these nervous symptoms, and finally entirely left him. His symptoms have gradually become more marked, till he has reached the condition in which we now find him. You will see it is with the greatest difficulty that he walks, not from paralysis of the muscles of the lower extremities, he can lift his feet, but on attempting to put them to the floor, they fly off in every direction but that intended. We will request him to close his eyes and walk a short distance. You see he cannot, he cannot even stand in one position with his eyes closed, he would fall if we did not support him. With his eyes open he cannot stand on one foot. He tells us he cannot feel the floor beneath his feet, and if he did not see it, he would not know that it was beneath them. He says his appetite is good, his bowels are regular, but his urine troubles him; he has frequent desire to urinate but passes only a small quantity at a time; at times it seems impossible for him to entirely empty the bladder. Most of you have in your minds already diagnosed his case? The condition is known as *Locomotor ataxia*, *Tabes dorsalis*. The pathological changes are primarily in the posterior column of the spinal cord. After death from this disease the posterior white columns are found according to Coates gray and shrunken, and the posterior roots are also atrophied. The mem-

branes are also generally involved and are thickened and adherent to the cord beneath. There is actual destruction of nerve fibres. The disease begins and is usually more advanced in the lumbar region, advancing upwards, in some instances involving the upper portion of the cord; then we have inability on the part of the patient to do any but coarse work with his fingers; he cannot button his coat or shirt collar, and is virtually helpless. There is incoördination of the muscles of the upper as well as of the lower extremities, with finally total loss of sexual desire. Sometimes the disease extends to the medulla oblongata when we will have incoördination of the muscles of the eyeball, and of those of speech and frequently atrophy of the optic nerve with affections of the auditory nerves. The intellect is generally unimpaired. This patient tells us his thinking faculties are as good as ever they were, and as you observe he is a man of unusual intelligence.

Now as to the etiology. Most authorities place excessive sexual indulgence first in the order of causes. I am in doubt as to the correctness of this statement, for I have questioned many suffering from Locomotor ataxia, and they have denied excess in this respect. We have every reason to believe the statements of this man, and he tells us he has never been excessive in this direction, frequently months have passed without indulgence. I dwell upon this exclusion of sexual excess as the cause, for the poor sufferer from this disease is too often looked upon as a rōué, and I wish to impress upon your minds the fact that Locomotor ataxia may appear in perfectly temperate and moral individuals. It has been attributed to the abuse of alcohol, to syphilis, to masturbation. He tells us he has never had syphilis, and has not been guilty of excessive drinking or since a boy, of masturbation. Exposure to dampness has also been laid down as a common cause. Now this man has followed the sea of late years,

and it is probable that his frequent wettings, and his constant exposure, added to some unaccountable inherent predisposition has developed the disease in his case.

The prognosis as to recovery is bad, but he will probably live for years in comparative comfort if his surroundings are such as they should be.

I had several other cases to bring before you but the hour is up and we must leave them till some future time.

(To be continued.)

HYDRASTIS CANADENSIS.

BY

EDWIN M. HALE, M.D.,
Chicago.

This drug, first introduced into our school by myself in 1856, has since obtained a great popularity. Many provings and physiological experiments have been made with it, which, combined with an extensive clinical experience, have pretty clearly defined its sphere of action and its place in homœopathic therapeutics.

Its sphere of action, although not wide, is yet very important. It appears to me to have a decided and electric affinity for

(1) The mucous surfaces—especially those with which it may come in contact.

(2) The mucous glandular system.

(3) The nutritive system.

(4) The circulatory system.

Action on the Mucous Surfaces.—

The natural secretion is at first increased; then it becomes abnormal in quantity and quality. At first clear, white, tenacious and transparent, it becomes yellow, thick, green and even bloody, but always tenacious, capable of being drawn out in long strings. In this respect it resembles the mucus discharge caused by kali bichromicum, ammonii bromidum and cubebs. It differs from the mucous flux of stannum, copaiva and ammonii chloridum, which is thick, lumpy and falls in masses. This primary mucous

flux of hydrastis may pass on to erosion, muco-purulent discharge and ulceration. It probably causes this condition by inducing a primary capillary hyperæmia; next a passive stasis, together with a stimulation of the mucous glands. Finally, from exhaustion or atrophy, the sources of the secretion are cut off, and the mucous membrane becomes dry, glazed, ulcerated and its functions destroyed. Pathologically, this disease of the mucous membranes may be called catarrh, or blenorrhœa. Other medicines cause similar conditions when taken internally, not only in the mucous surfaces with which they come in contact, but through which they may be eliminated (copaiva, kali iodidum, cubebs, grindelia, etc.); but we have as yet no proof that hydrastis is eliminated through any mucous surface, such as the bronchii, urinary or generative tract. If it acts on these surfaces at all when taken internally, it must act on them by disturbing the circulation in the capillaries. I have never been able to cure blenorrhœas of the above named surfaces by its internal administration, unless it was used at the same time topically; but I do not mean to dispute its ability to do so. Certain it is that we get the best curative effects when it is locally applied to diseased mucous membranes. We have used it successfully in mucous conjunctivitis; otorrhœa; diseases of the eustachian tubes; catarrh of the nasal passages; pharynx, fauces, stomach, intestines; part of the gall duct, urethra, vagina, uterus (leucorrhœa, gonorrhœa, etc.). These catarrhal affections may be simple, or severe, and may extend to erosions or ulceration. If they begin in simple blenorrhœa, they are all amenable to the curative action of hydrastis.

Method of Application.—When topically applied we use the tincture, or the muriate of hydrastine. The so-called "liquid hydrastis" is probably the best preparation. The infusion of the powdered root, when

strained or filtered, is very efficacious. The strength of the lotion should vary according to the nature of the disorder, and the amount of the irritability of the surface. When the mucous membrane is red and irritable, a few drops of the tincture, or "liquid hydrastis," or gr. i of the muriate, to the ounce of water is sufficient. In chronic or torpid conditions the strength may be increased to 3 i of the fluid preparations, or gr. v of the muriate, to 3 i of water. It may be applied with a syringe, atomizer, or as a simple wash, or on bougies (in urethra or uterus), or with a brush (in pharyngitis or conjunctivitis).

Action on the Skin.—The skin being analogous to mucous membrane, it has been supposed that a drug which acts on the one would act similarly on the other. One of our provings records that it caused an erysipelatous rash on the face, neck, hands and fingers, with great heat and irritation, which continued for six days, when the skin exfoliated; others that it caused pustular eruptions. Now the cutaneous analogues of a mucous catarrh, are erythema, moist eruptions, eczema, and even ulcers. In domestic as well as homœopathic practice it has been used successfully in similar skin affections. We have recorded cures of lupus, psoriasis, excoriations, rhagades, ulcers, boils, and even variola.

It was once highly praised as a remedy for cancer, but I can not find any authentic reports of its successful use when used alone. It was generally mixed with chloride of zinc, or some other escharotic.

Action on the Nutritive System.—The Eclectics have always believed hydrastis to be a general tonic. Our experiments seem to show that it acts similarly to cinchona, columbo, gentian, berberis, and others of that class. When given in medicinal doses of the crude drug, it seems to increase the general tone of the organs of nutrition and assimilation. The

appetite is increased, digestion is more vigorous, and the bodily weight and strength increases. But if the drug is continued too long, the improvement ceases, and retrograde processes set in. A gastro-intestinal catarrh obtains, digestion fails, assimilation is deficient, constipation and hepatic torpor are present. All tonics, even iron, act similarly when the doses are too large or are continued too long. In these facts we see that hydrastis and its analogues are homœopathic to debility, atony, retrograde metamorphosis, and that the drug should be used in small (not infinitesimal) doses, and not continued too long even in small doses.

It is curative in all disorders depending on the above conditions: namely, generally impoverished blood, emaciation, stomatitis, dyspepsia, indigestion either in the stomach or intestines, biliousness, constipation, etc. The action of hydrastine on the liver was established by the experiments of Rutherford, who calls it "a hepatic stimulant of considerable power, and but a feeble intestinal stimulant." He refers to its purgative power. Hydrastis is not a purgative in any sense. It may cause during its first effects some looseness of the bowels, owing to the increase of mucus, but as the catarrh increases the intestines become sluggish, obstructed, and very constipated. English Homœopaths value it more highly than do those of America as a remedy in hepatic torpor and constipation. They find it very useful for hæmorrhoids, congestion of the liver and portal system, sallow, dirty skin, and jaundice. I have found it useful for "mucous piles," as well as "bleeding piles." In large doses it first causes acute hyperæmia of the liver, but this is followed by passive venous stasis of that organ and of the whole portal system.

On the lymphatic glandular system its action is not yet proven. I doubt if it has any.

Action on the Muscular System.—Hydrastis acts as a tonic. I do not

think this acts through the nervous system, as does *nux vomica*, but through the blood. The increased assimilation of well-digested food allows the muscles to be better fed and better nourished. If the theory of Prof. Schatz, hereafter referred to, be true—that *hydrastis* acts directly on the muscular coats of the blood-vessels, contracting them—why should it not act on each and every muscular fibre in the body? Not, perhaps, to contract them, but by imparting a peculiar form of tonicity.

But in whatever way it may act, it has been the observation of all practitioners who have used *hydrastis*, and particularly the muriate of *hydrastine* (salt of white alkaloid), that the first signs of improvement mentioned by patients is the increase of muscular strength and powers of endurance, and this, too, in chronic, incurable diseases.

While I believe *hydrastis* to be a powerful tonic and restorative, I am obliged to deny it any specific anti-periodic (anti-malarial) properties. I tested it thoroughly during a practice of fifteen years in a malarious district. It is not and can never be a rival or substitute for *cinchona*. The practical physician knows that all bitter tonics have some reputation in *ague*, *e. g.*, *chelone*, *ostrea*, *euonymus*, and others; but they are not anti-malarial medicines. They may be, and doubtless are, capable of removing the malarial cachexia, in which the recuperative forces of the system are too feeble to resist the habit of recurring paroxysms which are not true *ague* paroxysms. All these bitter tonics, particularly *hydrastis* and its active principles, *berberine* and *hydrastine*, have the power of restoring the vital forces sufficient to overcome this habit. In this respect *hydrastis* is more than a rival of *cinchona* (which is worse than useless in the cachexia)—it is a most valuable substitute. In cachexias *hydrastis* is an indispensable remedy. Even in *anæmia* and *chlorosis*, it greatly aids iron in restoring the integrity of the blood.

In the debility after wasting diseases, fevers—typhoid or gastric; after losses of blood, or due to depressing emotions, also in *neurasthenia*, the *hydrastia berberine phosphate* or *hypophosphite* have done me excellent service. We have found it very useful in gall-stones, not so much for the colic caused by their passage as to remove the tendency to their formation. It may dissolve the biliary concretions by causing a flow of thinner bile, or aid in their expulsion by removing (as in jaundice) the catarrh of the gall duct. Several German Homœopathists have reported cases of tumors of the stomach and pylorus which disappeared under the careful and protracted use of *hydrastis*.

It is a curious fact in the history of our indigenous remedies that just about the time we think we understand all their qualities, and know all their uses, some foreign physician discovers new qualities and new uses for them.

This is partly true of *hydrastis*. I have recently read a lecture delivered before the Gynæcological Section of the Congress of German Philosophers and Physicians, held at Freiburg, in 1883, by Prof. Schatz, of Rostock, Germany. He gives as a result of his investigations that "*hydrastis* acts on the mucous membranes by contracting the vascular system."

But such a condition must be due to its action in large doses, and must be followed by its secondary effects, which would be of an opposite character, namely: passive congestion of these tissues. This action can not, however, account fully for its *blenorrhagic* effects. It must have some other action, especially when locally applied, and this action I am sure is that of an irritant to the glands of the mucous membranes. It probably has, in crude quantities, a double and simultaneous primary action, namely: contraction of the vascular supply, and irritation of the glandular supply. This vascular tension will after a time be followed by vascular relaxation;

and the acute primary blenorragia by a chronic blenorrhœa with tissue paresis.

Further, Prof. Schatz says that "in many particulars, hydrastis and ergot are not unlike, but not infrequently hydrastis is efficient in cases of hæmorrhage where ergot is powerless, or even of positive injury, as also in some cases of myoma. It appears to me that we can attribute the action of hydrastis to the contraction, pure and simple, of the blood-vessel-wall, thereby lessening the congestion of the genital organs, while ergot spends its action on the muscular fibres of the uterus." "In the non-gravid uterus," he says, "the continuous administration of hydrastis causes a retardation of the menstrual period, with a diminution of the amount; it causes the pain to be less; even in menorrhagia and dysmenorrhœa of virgins, without any local causes, the pain is absent. Its action in myoma is often quite remarkable. Hæmorrhages caused in this manner diminish very much, or disappear entirely, after the use of hydrastis. Even where Bombelin's ergotine has been employed most energetically, I have observed a number of times that where hydrastis has been administered to virgins for menorrhagia, normal menstruation set in, and occasionally the catamenia did not make their appearance for one, two or three months." This result was caused by massive doses. Prof. Schatz gives twenty drops of the fluid extract four times a day, causing, we may presume, the extreme primary effects of the drug. He does not give a differential comparison of the effects of hydrastis and ergot, which would be of great value and interest, but he admits, or implies, that he is not yet able to make such a comparison.

The best authorities describe the action of ergot to be as follows: "The action of the heart becomes slower, and an enormous rise takes place in the blood-pressure. This influence on the circulatory system modern research has shown to be due

to the action of ergot on the vaso-motor system; it increases the action of this system, and causes a contraction of the arterioles."

Again, it is said to diminish the blood supply to the cerebro-spinal axis, to the vegetative organs, the skin and muscular system. It is therefore difficult to explain the difference in the action of the two drugs, unless we suppose that hydrastis acts directly on the blood-vessel walls and not through the vaso-motor centers. But we doubt if this can be the case. There are many symptoms of hydrastis, in our meager provings of it, which indicate that it also diminishes the blood-supply of the brain—as witness the "tinnitus aurium, vertigo, dimness of vision, roaring in the head, with dull headache; a 'narcotized' feeling in the brain, feeling as if intoxicated; terrible headache and vertigo, horrible dreams."—Hale's New Remedies, third edition.

It is possible that a more heroic series of provings would evolve more vaso-motor symptoms, but when we consider the large quantities, continued for a long time, used in Eclectic and domestic practice, such a supposition does not seem probable.

But, while its full and true action is yet unexplained, we may take advantage of clinical experience to teach us the action of the drug and its value in certain diseases.

Prof. Schatz, in his memorable lecture, fortifies his statements by the narration of six cases of fibroid tumors of the uterus (myoma), in which he used hydrastis successfully in controlling and curing the hæmorrhages, but he does not say what became of the tumors. We know that not all cases of uterine fibroids are attended by hæmorrhage. If hydrastis acts by diminishing the vascular supply, it ought to arrest the growth of the myoma, or other non-malignant tumors. Now this brings us back to the alleged curative power of hydrastis in cancer. I have carefully examined all the records of our school relating to the use of hydrastis in

tumors and cancer, and I can not find a single case where it entirely removed a cancer, or scirrous growth, before or after the stage of ulceration. But there are cases reported where hard, movable tumors appearing in the breast, stomach and uterus, have decreased in size, or disappeared altogether, after the internal and topical use of hydrastis.

It is my belief, based on a large personal experience and observation, that all the tumors benefited by this drug were fibroid in character, and the result was brought about, not by any "absorbent" action, but by diminishing the supply of blood, and thus cutting off the nutrition of the growth.

Ergot has certainly arrested and diminished the growth of myoma in the uterus, but we do not know that it has acted as well in fibroid tumors elsewhere.

Strychnine has the same action as ergot on the muscular structure of the uterus; so has caulophyllum, cimicifuga, and other drugs, but we do not hear of them as being a value in fibroid and other growths in the uterus.

Hamamelis, trillum, turpentine, phoradendron, millefoil, and others, act as well as ergot in controlling hæmorrhages, but we do not know them to be useful in any kind of tumor.

These are mysteries of drug action which yet remain unsolved.

It would appear from the foregoing that if the *modus operandi* of hydrastis is as stated, its analogues are viburnum, ammonium bromide, ammonium chloride, and a few others.

Viburnum arrests and prevents the pain of dysmenorrhœa and hæmorrhages. It is supposed to act on the motor nerves of the uterus, relaxing contractions of muscular tissue. If so, it must act opposite to ergot. How, then, does it arrest hæmorrhage? It would seem that it could not affect the coats of the blood-vessels in a manner opposite to its action on the muscles.

Here is an anomaly which can only be explained by accepting the

theory advanced by some Scotch obstetrician, that hæmorrhage from the uterus often arises from undue contraction of the muscles of that organ.

The bromide of ammonium has been found curative in ovarian and uterine tumors. It is capable of arresting hæmorrhage, and acts on the muscular structure of the uterus and its vessels similarly to hydrastis.

Muriate of ammonium, has the same specific action on morbid growths, but it is not known to arrest uterine hæmorrhage.

The action of hydrastis on the uterus may be said to be unique; it has no close analogue. It is not alone in hæmorrhage from uterine fibroids or myoma that hydrastis is useful. Prof. Schatz reports one case of congestive dysmenorrhœa; six cases of hæmorrhage in virgins, where the bleeding continued after the use of the curette; three cases due to parametritis, cicatrices and contractions; two from incomplete involution of the puerperal uterus; three cases from endometritis and metritis; and five cases of climacteric hæmorrhage. In all these cases various other means, drugs and operations had been used, and failed, but hydrastis performed a cure.

Dr. Schatz warns us to use the proper dose. Too small doses have no action; too large too much effect. The quantity he found generally useful was 20 gtt. of the tincture three times a day.

I mention this because the illogical custom of many of our school is to select the dose in accordance with some arbitrary notion or preconceived theory. It is absurd to prescribe ergot in a middle or high attenuation for non-contraction of the uterus; and it would be just as absurd to give 20 gtt. of the crude in uterine spasms. The dosage in these cases must be reversed, or it is not curative.

By Dr. Schatz's observation we learn that the sphere of curative action of hydrastis, already wider than we supposed, bids fair to become more and more enlarged, especially

in the direction of its action on the circulatory system. If *hydrastis* increases the tonicity of the muscular fibres of the terminal blood-vessels, it must also increase that of the large arterial and venous trunks, and even the heart itself. And if it does this without acting on the vaso-motor centers, it must prove far more valuable than *ergot*, for its effect must be more lasting. It follows that it may prove to be one of the chief remedies, if not *the* remedy, for chronic congestion, or more properly, stasis of the various organs of the body. It may prove to be to the arteries what *hamamelis* is to the veins, or it may rival the latter in its own sphere of usefulness. Further experiments and clinical observations are needed to substantiate this theory, but I can safely say that it is my conviction, based on many years' experience in its use, that it is of veritable value in chronic blood stasis in the liver, spleen, uterus, abdomen and portal system. I believe too that I have seen proofs of its value in passive stasis of the brain and lungs, for within the last year or two I have observed excellent results from the use of the hypophosphite of *hydrastine* in affections of the latter organs. I am sure I have seen its good effects in weakness of the muscular structure of the heart, with tendency to dilatation. It seems to build up the muscular tissue, while *digitalis* or *convalaria* regulates the rhythm.

I will close this paper by giving an excellent pen picture of the gastro intestinal troubles, for which *hydrastis* is specific. It is copied from an article written by Dr. Clifton, of Northampton, England.

"*The Facial Expression* is dull, heavy, of a yellowish white color, sodden looking, not unlike that in which *mercurius* is indicated, but whiter, and having less animation. Though there is in its provings no reference to the expression or complexion, as affording reasons for selecting *hydrastis*, I have frequently found that when the gastric symp-

toms calling for this medicine have been present, the character of the face has been as I have described.

"*The Tongue* is large, flabby and slimy-looking. Underneath the fur the tongue is of a bluish white color, having in its edges the imprints of the teeth. So far it is like the *mercurius* tongue, but lacks the tremulous character of this organ, so often seen in cases benefited by *mercurius*. The coating is of a yellow, slimy, sticky fur.

"There are morbid states occurring in other organs, to which *hydrastis* is homœopathic, but where the appearances of the face and tongue I have described are not present. In the dyspepsia it relieves.

"*The Eructations* are generally sour or putrid, more commonly the former than the latter.

"*The Appetite* is generally bad; the power of digesting bread and vegetables being especially weak. Both are followed by eructations.

"*The Stomach* has a sensation of weight (not as after *nux* and *bryonia*, 'weight like a stone'), and with the weight and fullness, an empty, aching, 'gone' feeling, more or less constant, but aggravated by taking a meal. The aching, 'gone' feeling is something like that produced by *gelsemium*, but is attended by more general fullness of the stomach, and more sour cructations. Further, although the *gelsemium* tongue is sometimes coated white or yellow, it is not so large and flabby as is the *hydrastis* tongue. This symptom is, I am aware, produced by many other medicines besides *gelsemium*, especially *ignatia* and *cimicifuga*, but *ignatia* and *cimicifuga* do not give rise to the other symptoms peculiar to *hydrastis*. In tea-drinkers this symptom occurs frequently, but with them the tongue is generally white (except when colored by the tea), and in their dyspepsia *cinchona* is often found to answer better than other medicines, especially in removing the flatulence with which they are commonly troubled.

"*The Action of the Bowels* may be either infrequent and constipated, or frequent, with the stools loose, soft, light colored, and with flatus. But as a rule the bowels are constipated, and stools lumpy and covered with slimy mucus, in cases indicating hydrastis." [From advance sheets of *Drugs and Medicines of North America*, March, furnished by special arrangement.]

PROVING OF ALETRIS FARINOSA.

BY

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For the last ten years Aletris has been used by the eclectic school, from whom the Homœopaths have derived some clinical indications for its use, but so far as I have discovered it has never before been proven.

Although it can be truly said that the eclectics have given it the place of importance that it now holds in therapeutics, yet it has not been unknown to the old school, who claim it is both a diuretic and cathartic and can be used with advantage in colic and chronic rheumatism, but claim that the benefits derived in such cases are due to its tonic properties and not to any special action on the organs or parts affected.

It is a plant common to botanists of this country a description being given in nearly every text book. There seems to be an idea with some physicians, who have not studied the botany of Aletris, that it is the same as *Helonias Dioca*.

I have recently heard a physician say that the two were one, that their actions were identical, and their common names the same. It is true that both *Helonias* and *Aletris* have been used as a uterine tonic, and it is also true that three of the common names of *Helonias* viz: *Stargrass*, *Blazing Star* and *Unicorn*, are also popular names for *Aletris*.

Helonias Dioca belongs to the order of *Liliacea*, and was formally

placed in the genus *Helonias* along with *Helonias Bullata*, but it is now known to botanists as *chamallirium luteum*, a name that should be adopted by our pharmacopœists.

While *Aletris* belongs to the order *Hæmodoraceæ*, there being two plants in the genus *Aletris*, *Aletris Farinosa* and *Aletris Aurea*.

Proving No. 1. Male.

Nov. 3, '84, 2:30 P.M. Took 10 gtts. of first dec.; 4 P.M. took 25 gtts. of first dec.; 4:30 felt a slight nausea with pressure in the forehead.

The nausea gradually increased until 6 P.M., when it was relieved for one hour by eating dinner, but then returned and continued all the evening; the sight or thought of grease would cause me to gag.

7:30 took 40 gtts. first dec.

Nov. 4, 8 A.M. Took 50 gtts. first dec.

Five minutes afterwards felt a heaviness in the back of the head, as if the weight would draw it backwards, and my neck had not the strength to prevent it.

At the same time a feeling as if the scalp was contracting across the back, drawing the sides of the occiput together.

All passed off while eating breakfast thirty minutes after.

11:30. Took 65 gtts. first dec.

12 M. Had a stool which was hard, not large, but expelled with difficulty.

Before taking the drug always had stool very regular and easy.

3 P.M. Took 75 gtts. first dec.

4 P.M. Took 85 gtts. first dec.

Soon after taking the last dose, felt a slight pain in the back of my head and neck, which continued for twenty minutes.

Nov. 5, 9 A.M. Took 40 gtts. of tincture.

9.20. Had stool which was hard and expelled with much difficulty.

10 A.M. Dull, heavy headache, in different parts of the head, which continued all day, and increased after every dose of the drug.

2 P. M. Took 75 gtts. tincture.

3:30. Took 75 gtts. tincture.
No new symptoms but headache much worse.

Proving No. 2. Female.

Nov. 3, 2:30. P.M. Took 11 gtts. first dec.

3:20. Sensation as if the back would break just above the waist.

4. P.M. Took 20 gtts. first dec.

5:10. The same kind of pain came in my back as before, only a little higher up.

7 P.M. A sharp pain ran from lower point of left scapula through to left breast.

7:30. Took 50 gtts. first dec.

8:10. There was a feeling as if my eyelids were being pressed downwards. I could hardly raise them.

Nov. 4, 8:30 A.M. Took 50 gtts. first dec.

Just before taking the last, I felt a slight pain in the back of the head, and immediately afterwards felt a great weight in the occiput.

11:30. Took 65 gtts. first dec.

About ten minutes after I felt a heaviness in the back of my head.

3 P.M. Took 75 gtts. first dec.

3:30. Felt a pressure in the forehead over the eyes and a queer sensation behind the ears.

4 P.M. Took 85 gtts. first dec.

4:20. Felt heaviness in back of the head, forehead feels as if in a vice, with a dull pain running from right temple over the eye down into the eyeball.

Soon after eating dinner, there came a dull aching pain in the hypogastric region, and across the back of the hips.

No passage until eight P.M. since taking the drug, which was hard, scanty and expelled with difficulty, followed with a constant desire to urinate for half an hour.

Always before taking the drug had two or three passages daily.

My mind had a tendency to run on pleasant thoughts, but it does not continue on one subject long.

Nov. 5, 9 A.M. Took 30 gtts. tincture.

9:30. Felt heaviness in back of

head, and a feeling as if the temples were being pressed together, accompanied with an occasional twinge of pain in right temple. There is a continual queer feeling in the occiput.

12:30 P.M. Took 45 gtts. tincture.

2 P.M. Took 75 gtts. tincture.

3:30. Took 75 gtts. tincture.

Soon after felt an ache in back of head and pressure over the eyes.

3:50. Felt uneasiness which only lasted for a few minutes.

Have urinated very seldom since taking the drug.

Proving No. 3. Male.

Proving No. 3 and 4 are made with the tincture.

Dec. 29, 8 A.M. Took 35 gtts.

12:30 P.M. Took 40 gtts.

Dec. 30. 48 oz. of urine passed last 24 hours, specifying gravity 10:25.

8 A.M. Took 40 gtts.

12 M. Took 30 gtts.

Dec. 31, 8 A.M. Took 30 gtts.

12 M. Took 30 gtts.

6 P.M. Bowels moved for the first time since taking the drug, stool hard, small, scanty and expelled with difficulty.

All the afternoon felt pain in right side of throat, and at 5 P.M. pain was felt in left side close up under the jaw, accompanied with thirst. (At this time examination with a laryngoscope showed hyperæmia of the mucus membrane of both pharynx and larynx—K). Appetite entirely gone, have to force myself to eat.

All the afternoon have felt tired and relaxed, with a dull, heavy, confused feeling in the head; cannot concentrate my mind or study.

Jan. 1, '85, 22 oz. of urine passed last 24 hours; specific gravity, 1022.

8 30 A.M. Took 30 gtts.

9:30. Had stool which was hard, small, scanty and passed with difficulty; hæmorrhoids not felt since taking the drug.

Jan. 2. Was very restless all night, worse forepart.

48 oz. of urine passed last 24 hours, specific gravity, 1020.

2:30 P.M. Took 30 gtts.

Soon after felt a pain on left side of occiput just behind the ear, which continued about two hours. I had some pain in throat after taking last dose, but it was ill-defined and only lasted a short time. •

Frequent attempts were made during the day to have stool, but was not effected until 10:30 P.M.

Jan. 3, 40 oz. of urine passed last 24 hours, specific gravity, 1030.

9 A.M. Took 60 gtts.

Almost immediately felt a strange feeling all through my head, which gradually settled down with a dull pain in occiput.

All passed off in about ten minutes.

Jan. 4. 48 oz. of urine passed last 24 hours, specific gravity 1022.

8:30 A.M. Took 50 gtts.

10 A.M. Had stool, which was hard, small, and scanty, causing great effort to expel it.

Jan. 5. 40 oz. of urine passed last 24 hours, specific gravity 1022.

9:45 A.M. Took 65 gtts.

10 A.M. Had stool, which was hard, but passed easier than the previous day.

2:30 P.M. Took 60 gtts.

4:30. Took 60 gtts.

6 P.M. Took 65 gtts.

Soon after taking last dose felt pain in the center of the back of the neck, which ran off into left shoulder.

The pain in the shoulder continued about thirty minutes and disappeared when the pain in back of neck moved up to occiput, where it continued all the evening until I fell asleep.

7:30. Pain came in right side of throat (in right anterior pillar—K), which was intermittent, feeling like the shocks of an Electro-magnetic machine being run slow but strong, and was aggravated by any movement of the head that would put the muscles on a stretch.

(Inspection showed hyperæmia of the mucous membrane of larynx and pharynx—K.)

Have had a soreness inside the tip of my nose for three days.

Jan. 6. 42 ozs. of urine passed last 24 hours, specific gravity 1030.

9 A.M. Took 65 gtts.

9:30. Had stool, which was thin and diarrhætic, having three hard lumps in it.

11 A.M. Took 60 gtts.

1 P.M. Took 60 gtts.

3:30. Took 60 gtts.

3:45. Felt a griping pain all through the abdomen, continuing about one hour.

6 P.M. Took 60 gtts.

All day have had headache on top of the head, much aggravated by bending it forward.

Nose not so sore as on the previous day.

Jan. 7. 40 ozs. of urine passed last 24 hours, specific gravity 1024.

9 A.M. Took 60 gtts.

10:30. Took 60 gtts.

6:30 P.M. Had stool, which was hard, small, requiring much straining to expel it, which aggravated the headache.

Nose better, nearly well.

Jan. 8. 44 ozs. of urine passed last 24 hours, specific gravity 1022.

3:30 P.M. Had stool, which was hard, but expelled easy.

Continuance of headache on top of the head, aggravated by bending forward.

Jan. 9. Had stool natural to-day for the first time since taking the drug.

Have not been able to sleep well since taking the drug, would lie awake until twelve or one o'clock, and then sleep was very restless until late in the morning, when I could sleep undisturbed.

Jan. 15. I have been troubled with the same sleeplessness, but otherwise have felt as well as usual.

Proving No. 4—Female.

Jan. 1, 8:30 A.M. Took 80 gtts.

Jan. 2. 54 ozs. of urine passed last 24 hours, specific gravity 1022.

8:30 A.M. Took 80 gtts.

Jan. 3. 50 ozs. of urine passed last 24 hours, specific gravity 1022.

9:30 A.M. Took 60 gtts.

4:25 P.M. Pain commenced at

pubes, ran down left labia and then shot upward, diverging to the left, coming out near the umbilicus. This pain was like a knife being run up through from the left labia; all lasting about one minute.

When commencing to prove the drug I had a profuse leucorrhœa which stained my clothes yellow and smelled like stale urine.

The second day the discharge was much less, and to-day the discharge and odor are scarcely perceptible.

Jan. 4. 64 ozs. of urine passed last 24 hours, specific gravity 1020.

Phosphates slightly increased.

8:30 A.M. Took 60 gtts.

Only had one stool to-day which was hard.

Leucorrhœa and odor has entirely disappeared.

Jan. 5, 9:45 A.M. Took 65 gtts.

2 P.M. Took 60 gtts.

4 P.M. Took 60 gtts.

4:30. Felt heaviness on top of the head and in forehead over the eyes. Have noticed to-day and yesterday after each meal I would raise large quantities of wind, something I cannot remember of ever having done before.

6 P.M. Took 65 gtts.

8 P.M. Took 60 gtts.

8:35. There came a sensation in right hypogastrium, as if the hand was clutched hold of something inside and tearing it out.

It came on so sudden and severe that it caused me to cry out.

It was steady in one spot for two minutes, when a pain ran from it down into the right thigh. All lasting about five minutes. (The exact location of this was one and a half inches above, and two inches to the right of the centre of the pubes.—K.)

8:50. There came a pain in the hypogastrium, which gradually increased, reached its maximum, and gradually disappeared, all lasting about two minutes.

At 9 A.M. The same pain came again in the left hypogastrium, only lasting about one minute. (The exact location of this pain was one inch

above and two inches to the left of the centre of the pubes—K).

On rising from a seat, thirty minutes later, a sharp cutting pain came in the left hypogastrium a little above the preceding.

Several times during the evening, paroxysms of pain were felt in the right thigh.

Jan. 6. On arising from bed there was a deathly, all gone, feeling in the stomach.

64 oz. of urine passed last 24 hours, specific gravity 1020.

9 A.M. Took 65 gtts.

11. Took 60 gtts.

Ever since taking the drug have had a profuse and watery discharge from the nose, but otherwise have not had any indications of a cold in the head.

2:30 P.M. A feeling as if the temples were in a vice being squeezed together.

3:30. Took 60 gtts.

About five minutes after felt a dull pain in right temple.

4 P.M. A sharp pain came in right shoulder joint, streaked down the arm, then into left chest where it located just above the nipple. All lasting about ten minutes.

4:15. Felt a dull pain in top of the head, at the same time I felt a great weight in the back of it.

4:30. Pain commenced back of right ear, and ran down the anterior surface of the sterno mastoid muscle.

5:10. Took 60 gtts.

5:40. Severe pain like a cramp came in each groin, lasting five minutes with a slight intermission.

This was accompanied with a feeling that I must hurry to the closet and have a passage, which I did, but the stool was perfectly natural.

For forty minutes there continued a dull aching pain in the groins occasionally running down the tops of the thighs and was most intense in knee joints.

7 P.M. Took 60 gtts.

In about ten minutes felt a sharp pain in both groins, which continued all the evening.

All the afternoon and evening abdomen felt as if filled with wind, which goes from one place to another and causes pain ; relieved by passing flatus.

Have felt a soreness just inside of my nose for two days ; right side the worse. (On inspection a small crack was found just inside the right nostril—K).

Jan. 7. Could not sleep any all night, had troubled dreams which would awaken me.

On rising from bed, a sickly all-gone feeling came in the stomach and made me so faint I was obliged to eat something, which relieved it.

64 oz. of urine passed last twenty-four hours, specific gravity 1020.

10.30 A. M. Took 60 gts.

11 A. M. Felt a dull pain over right eye which ran down into the eyeball, was only relieved by closing the lids.

At the same time I felt nausea and a dull pain in lower part of the abdomen.

Since the second day of taking the drug I have had an eruption across the chest and upper part of the back, which itched so it was almost unbearable, it is made worse by scratching with the nails, but relieved by rubbing with the palms of the hand. (This was a simple papillary eruption with much hyperæmia and hyperæsthesia of the surrounding integument—K).

11.30. There came a pain as if a knife was run into the left breast, continuing about two minutes.

Jan. 11. Every morning since discontinuing the drug have had a headache, with a nauseous, faint all gone feeling in my stomach, which would pass off after eating a little.

Jan. 12. Ever since Jan. 7, I have been very restless nights, could not get asleep until very late, and then as soon as I fell asleep would have terrible dreams, which would awaken me, until very late in the morning when I could rest well.

Jan. 25. My courses came on at the regular time, but were very scanty

and accompanied with so little pain that I would not have known I was unwell had it not been for the flow ; something that has not happened for years.

(Report of additional provings in April issue.)

CALENDULA AS A SURGICAL DRESSING COMPARED WITH ANTISEPTIC DRESSINGS.

BY

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With so many antiseptics in the field, and new ones being brought forward every day, it seems strange that Homœopathic surgeons should make so little use of the valuable drugs which are useful beyond question, which have been tested time and again, and adopt drugs and methods which are uncertain in their action because unknown, and which possess in too many instances no greater recommendation than that of novelty, pure and simple. It certainly is not the part of good sense to relinquish the use of drugs which have met all indications and served us long and well ; and yet are we not, in this blind rush after antiseptics of all kinds, forms and degrees, in this rank empiricism, apt to give up a good old friend in exchange for a worthless new friend, whose only virtue, perhaps, is newness ? I am not decrying antiseptics one whit ; I am only desirous of knowing why we are exchanging certainty for uncertainty, why we are losing time, temper, limbs and lives unnecessarily, when such men as Helmuth,* of New York, and Franklin,† of St. Louis, insist that in many cases where carbolic acid and other antiseptic dressings have failed to give satisfactory results, calendula dressings have been far superior ; it is certainly strange this drug has commanded so little attention

* Page 802 Trans. Amer. Instit. Hom., 1883.

† Pages 732-3 Trans. Amer. Instit. Hom., 1883.

where its merits are so numerous and palpable. Franklin goes so far as to say, in his paper before the American Institute of June, 1883, that calendula and hypericum dressings yielded better results in the Homœopathic Hospital at Ann Arbor than any form of dressing he had ever used. In a paper before the same body, Hel-muth acknowledges that he used various antiseptics in the Hahnemann Hospital more in obedience to the popular clamor than from faith in the drugs, and that in several cases a return to calendula dressings was made with marked benefit to the patient. Of course no harm will come from this craze over antiseptics of high and low degrees, as the wheat will ultimately be cleared from the chaff; but now when the excitement is at its height and the pursuit and death of the cosmopolitan germ is all the rage, woe betide the man who fails to fall into line and throw up his hat for germs and antiseptics. This abominable habit of running after every new thing, be it good, bad or indifferent, is largely, and I sometimes think entirely, the cause of the disuse or non-use of such valuable dressings as calendula, hypericum, arnica, etc. Franklin says further: "In 441 surgical operations performed in the Homœopathic Hospital during the past five years, including almost every type of disease, * * * I have employed hypericum and other medicated dressings in conformity with the law of similars. In this large number of operations, many of which were difficult and severe, and performed in various conditions of health, it is gratifying to state that only three patients died from the result of surgery in five years. I ask, can the most methodically applied antiseptics show better results than these?" The use of calendula especially has been attended in my hands with the happiest results. I have performed resection, and amputation, treated compound fractures and dislocations, extensive scalp and flesh wounds, and have relied entirely

upon calendula without a single death or bad result. While practicing in the lumber district of Wisconsin, I had the opportunity of treating a large number of frightful lacerated flesh and scalp wounds, and I never saw a case of erysipelas complicate a wound treated with calendula or hypericum dressings. The nomenclature, which divides antiseptic surgery into "*Antiseptic*" and "*Aseptic*" seems a little awkward when we consider the derivation of the terms. An *Antiseptic* is a substance which is used to prevent or destroy putrefaction, and is derived from *αντι* against and *σηπτός* putrid from *σῆπω* to make rotten.

"*Aseptic*," from *a*, meaning from, absence of, and *σηπτός* as above, refers to a condition of health or utter absence of rottenness or putridity. Antiseptic refers to a substance or the use of a substance, while Aseptic refers to a condition. It was the evident intention to imply by "*Aseptic*" an agent which wholly destroys or entirely prevents putrefaction, or in the more general acceptance of the term, destroys germs or prevents their conception, but it takes a long stretch of the imagination to get that meaning from the term. I would suggest "*Deleseptic*" as more nearly expressing the idea of complete destruction of germs from *Deleo* to destroy, annihilate, and *σηπτός* rottenness.

"*Antiseptic*" referring to ordinary cleanliness and a moderate use of the means selected, and "*Deleseptic*" referring to complete Listerism.

SARCOGNOMY.

BY

PROF. JOS. RODES BUCHANAN, M.D.,

Boston.

(Concluded from page 50.)

M. Lallemand in his work on the diseases of the urethra, speaks of the similarity between certain affections of the generative organs and disorders of the brain and spinal marrow as being productive of numerous errors in practice.

In the French Journal Hebdom. No. 33, M. Dalmas reports a number of cases showing the effects of diseases of the prostate gland and vesiculæ seminales upon the brain. In case 1st: a musician was admitted to the hospital with delirium, and a small, weak, torpid pulse. He had been confined to bed for a month, during which time a surgeon had been treating him for disease of the testicles. The prepuce was in a callous state, immovably adherent to the glans, which was left half uncovered, the left testicle appeared to be enlarged and orifice of the urethra was so narrow that no bougie could be made to enter it. After two days treatment he recovered his senses sufficiently to begin to state his sufferings from gonorrhœa and stricture, in doing which he fell again into delirium, and died in four days from his admission. In this case the prostate gland, vesiculæ seminales, left testicle and bladder were greatly dilated, and the inflammation extended to the intestines. The lateral ventricles of the brain were full of yellow serum.

In the second case, Jean Pica, aged 24, was admitted to the hospital with hypogastric tenderness, recent cough, confusion of mind, and unconnected answers to questions. The delirium increased for six days until he died. The pupils became enlarged on the fifth day.

On dissection, the prostate gland was found enlarged and suppurating. The left vesicula seminalis presented retained purulent matter, and was twice as large as the right. The mucous membrane of the bladder was of a dark red color, studded with some patches of lymph and thickened. "The membranes of the brain were dry, the convolutions flattened, the ventricles filled with serous fluid of a milky color, and the septum lucidum softened."

In the third case, M. B., aged 23, was admitted to the hospital under M. Rullier, "in a remarkable state of *fatuity and depression*." He could give no satisfactory account of him-

self, but had been suffering with diarrhœa and vomiting, and his pulse was about sixty. Under the use of sinapisms and emollients, the surface warmed, the pulse rose, and "the stupor changed into moderate delirium, with subsultus tendinum and involuntary discharges of urine." On the seventh day, there were dilated pupils "and coma, interrupted by restlessness and expression of complaints." Death ensued next morning.

On dissection, pus or pultaceous matter came from the *prostate gland*; the *vesiculæ seminales* and *vasa deferentia* were filled with the same substance. The urethra and bladder were healthy. The color showed the effects of chronic inflammation, and the stomach was softened and ulcerated. The arachnoid was diseased on the anterior surface of the brain, the pia mater infiltrated with some purulent fluid, the substance of the brain highly congested, and the septum lucidum softened, but not entirely disorganized."

In the fourth case, in which the brain appeared affected, the prostate gland was scirrhus on the left side, and whiter than natural on the right. The vesiculæ seminales, vasa deferentia, epididymis and left testicle were all greatly diseased, and each tunica vaginalis showed encysted hydrocele.

No region closely associated with the pelvis can be irritated or diseased without affecting the mind unfavorably. Malgaigne, in his work on fractures, speaking of fractures at the head of the femur, says, "intra-capsular fracture, like the other variety, may involve much more serious dangers; too often, whether from the shock occasioned by the external violence, or from some unfortunate predisposition of the patient, there ensues *nervous delirium*, or intense fever of the adynamic type, which sooner or later terminates fatally." The location in question is about as near to fever as to insanity. Fever is an exaltation of the calorific function, the external location of which is between

the pubes and umbilicus, corresponding with the ileum, the inflammation of which is associated with typhoid fever. The hypogastric region gives rise to continued fever, while other abdominal locations of disease produce remittents and intermittents—the intensity of the febrile influence not being sufficient anywhere but in the calorific hypogastric region to maintain high uninterrupted fever.*

Yellow fever, being located chiefly in the stomach, is the coolest of all fevers, because isolated from the hypogastric region, and has the least acceleration of the pulse.

The high continued fever associated with inflammation of the small intestines, illustrates a function which is equally illustrated by the extreme cold of cholera, when the small intestines are thoroughly depleted, and their fecalizing functions suspended, the restoration of which marks the end of the attack.

The pelvic which is an anticephalic region, being dependent on the sacral and lumbar regions of the spinal cord and ganglia, it follows that the lower limbs, which are dependent on the same nervous structures, must also be of anticephalic tendency, and capable in their irritations of depressing or deranging the brain power, as everyone has realized who has walked long enough to be very weary and footsore, and realized the incapacity of the brain for anything but rest—or who has found that with cold feet at night it is difficult to obtain sleep.

Malgaigne's statement as to the delirious influence of fracture of the femur, corroborates other facts as to the effects of injuries to the limbs. An injury or disease at the interior side of the head of the thigh, would be still nearer to the regions of insanity and dementia. In a case at

La Charité Hospital, in 1833, under M. Roux, the patient underwent an operation for the removal of a tumor at the upper and inner side of the thigh, which had adhesions to the ossa, pubis and ischia. The report states that "the patient died on the third day in a state of alternate *stupor and delirium*." There was no morbid appearance in the body but an effusion of serum in the lateral ventricles of the brain, which indicated the impaired circulation from depressing influences.

In the *New York Medical and Physical Journal* of December, 1822, Dr. James Anderson reports a case of prostration of intellect from an injury of the foot, affecting the anterior tibial nerve. The patient, a plethoric lad of fourteen, "received an injury on the top of the foot from a stone thrown with violence by one of his playmates." Though attended to as usual, pain and swelling appeared eight or ten weeks later, and was treated by Dr. Kissam with great energy by anodynes, fomentations, saturnine applications, cathartics and blisters without success. The pain extended up the trunk of the nerve, affecting the adjacent muscles with spasms, and giving "increased frequency and force" to the pulse, without any effect on the digestive organs. The pain next extended above the knee severely, defying the power of Belladonna, Cicuta and Asafoetida; and the great toe was spasmodically drawn at right angles and could not be moved without suffering.

In about three months from the injury the whole nervous system was affected. "He lost his reasoning and recollection; was unable to distinguish occasional visitors, or recognize even his parents or any members of the family; his mind became imbecile and idiotic; he was deprived of the ability to read or distinguish the letters of the alphabet. As the pain ascended up and beyond the thigh it affected the muscles of respiration, and at the invasion of each

*In these remarks I exclude the true typhus fever, which, being the result of a septic poison operating on the brain, is a *general* fever, not dependent on local conditions, and therefore not an abdominal fever.

paroxysm of suffering his breathing became more frequent and labored. Though his distress was most acute, he gave no utterance to his feelings. While the paroxysms were on him, he would roll his fist and imitate the actions of a pugilist, but with much greater violence and rapidity, often striking his nearest and best friends and all around him. If no person was in reach of his arms the force of his actions would be lost in the air."

All these symptoms were speedily cured after the failure of heroic remedies, by cutting out an inch of the tibial nerve, about four inches above the ankle, and his health of body and mind was entirely restored.

In this case the fatuity was obviously the effect of the irritation of the foot and tibial region, which are associated with the sacral portions of the cord, which is identified with the lower pelvic region. Every experienced woman knows the close connection between the feet and the pelvic organs. The advance of the irritation above the knee into the turbulent and muscular region of the thigh (see charts of Sarcognomy) which is associated with the combative lumbo-sacral regions of the cord, explains his violent and pugilistic impulses. The chart of Sarcognomy also explains his frequent and labored breathing. If the reporter had been more vigilant and copious in his description he might have mentioned at the beginning of the case the more passive condition and slow, infrequent respiration which is produced by tibial irritation, and which I have taught my pupils to use in combating pneumonia.

Looking over my notes of such cases, my eye falls upon the statement made by one of my old pupils (and attested by another) many years ago, that he had successfully employed this method of applying an irritating plaster on the anterior tibial region, and that it had the "desired effect." "I was laboring," he says, "under a severe attack of acute inflammation of the lungs, and was

relieved of all symptoms within ten hours." This I mention but incidentally now; hereafter I may give the philosophy of this method of treatment of pneumonia.

The violent action of the New York lad in his fatuous condition was but an exhibition of the same violence to which men in their senses are impelled under the influence of gout, although they may have sufficient control to restrain themselves.

But my subject is too extensive for an essay. I must reserve my illustrative facts for the treatise on Electro-Therapeutics, which I have not quite prepared for publication. I would not spend much time in the collection of such facts on my own account, for sarcognomy experiments develop principles, there are thousands of physicians who can give illustrative facts in pathology. But it is my object not only to present new truths in connection with old experience which they illustrate, but to induce physicians to study sarcognomy and to give the profession their own illustrative experience.

PERI-UTERINE CELLULITIS.

BY

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Detroit.

(Continued from page 44.)

Inflammation of cellular tissues (*inflammatis telæ-cellulosæ*) is a disease of much importance, not only on account of the circumstances attending its occurrence of that tissue itself, but also because as a consecutive and allied affection it accompanies the inflammation of all structures which are imbedded in it. The appearance of the cellular tissues varies according to the degree and character of the inflammation and the condition of the blood. It is swollen, injected and of a bright or deep red color; it has in every case lost its extensile and elastic properties and may be easily torn or separated; among its fibres, and between its laminæ inflammatory pro-

ducts are effused, which differ in having more or less plastic qualities, and are, accordingly a viscid, turbid or flocculent, seral fluid of a pale-red, yellow, or grayish color: a yellowish-red, orgelatinous, and more consistent exudation; a brownish-red, fibrous product, which fuses with the tissue into a hard, but yet fragile mass; or a dark-red (hæmorrhagic) discolored effusion."

Acute inflammation of cellular tissue, when moderate in degree, usually terminates in *resolution*, that is to say, by the complete re-absorption of the inflammatory products, merely some œdematous swelling, or a tendency to œdema remaining in the part which has been inflamed.

In other cases the inflammation leads to induration and hypertrophy of the tissue. The inflammatory product becomes organized, and the mass of the cellular tissue hypertrophied; and hence, as well as from the unnatural adhesion, the new substance produces, between the old strata of the tissue, the entire structure becomes denser, more compact than natural or, as it is called, fibro-cellular. As the firmness of the inflammatory swelling subsides, a serous exhalation reappears in the tissue, the product of the inflammation becomes resolved into pus and thus the cellular tissue in the center of the inflamed spot, and afterwards throughout it, is found infiltrated with a sero-purulent and at length with the purulent fluid, yellow or yellowish-red bodies which though shred, are still somewhat compact and tough, or often found mixed with the matter; they are not sloughy cellular tissue, but the residue of the inflammatory product and are therefore named *eiterpfropfe*—plugs of purulent matter—though indeed fibers of the cellular tissue are certainly interwoven amongst them, or even large shred portions of it may adhere to them.

The points of matter coalescing as the tissue is destroyed, unite into larger collections; and these extend

further, either by forming sinous canals, or by enlarging equally in all directions.

Lastly, the product of the inflammation is sometimes of a peculiar nature and leads to destruction and sloughing of the cellular tissue to actual *necrosis textus cellulosi*. The tissue then breaks down as it were, into a crumbling, or a shred, friable mass, and becomes infiltrated with a dirty brown or greenish sanies." When this condition supervenes, death of the patient as a rule, will follow.

Owing to the few deaths that occur, following this disease we are obliged to depend upon the statistics of others. In 108 autopsies reported by the different writers of Europe, the seat of the purulent collection may be located in their order of frequency as follows:

1. The collection of pus found at the side of the uterus and in left broad ligament.
2. In the left broad ligament.
3. In the region of the left ovary and right Fallopian tube with pelvic adhesions throughout.
4. Between the bladder and uterus, extending into the broad ligament.
5. Behind uterus and rectum, extending into broad ligament on either side.

The balance of the reports included with cellulitis, other diseases, as suppurating cysts in the ovaries, or salpingitis and peritonitis with pelvic adhesions.

Not unfrequently when the disease has abated there remain adhesions—cellular adhesions—which will interfere with the natural movements of the uterus. This can readily be demonstrated by placing the patient in Sims' position and retracting the perineum, the limited movements of the uterus during inspiration and expiration will be observed. The uterus will often be "bound down," to borrow a common expression in various directions. If they are between the uterus and bladder we have anteversion associated with it, if not relieved soon after the third stage, a very distressing condition of the bladder will occur, that will be difficult.

to control. From the adhesions we have various inclinations of the uterus, but time and proper treatment will do much for the sufferer. There is no doubt in our minds that these adhesions do disappear, that is, under prolonged efforts on the part of nature, and functional action of the organ, they undergo atrophy, complete or partial, so that they do not interfere with the uterus. This fact will be appreciated by those who have introduced a pessary for retroversion and found the retro-adhesive bands, very firm, but under mechanical pressure, soon become atrophied. Still on the other hand, they sometimes last an indefinite time, holding the uterus down, impeding the circulation, and producing a variety of conditions in the uterus itself. The ovaries, however, do not always fare as well as the uterus, after an attack of cellulitis, for they are smaller and less firm bodies and not capable of exerting any force, become doomed to adhesions. Thus it will be seen that with the disease known as cellulitis we often, and indeed generally do have, other affections, which are dependent upon it as complications.

Some writers regard peri-uterine cellulitis, as inflammation only of the cellular tissue of the broad ligament and including that immediately in juxtaposition with the uterus, at its point of connection with the vagina and bladder. This to us seems the rational interpretation of the disease, so called, pelvic cellulitis.

In ordinary cases we have the usual three stages. First, a condition of congestion. Second, an intuencesces, or swelling, from effusion of serum, or exudation of plastic lymph into the cellular and areolar tissue. Third, resolution or suppuration and the formation of an abscess. In its peculiarity this disease is like any ordinary abscess which is usually ushered in with pain, heat and swelling, then effusion, and last suppuration. In cases where the exudation of plastic lymph occurs over an extensive surface, the most noticeable charac-

teristic objective symptom will be extreme hardness, irregular and immovability of the uterus, fixing that organ, as if moulded in a firm substance, when once felt, under the touch, never to be forgotten. After many tedious days of pain and anxiety, suppuration occurs and fluctuation may be detected, and yet we have seen it masked by the surrounding exudation, so that it is almost impossible to arrive at a knowledge of the presence of pus, or the purulent collection which may escape per rectum before it has been detected. The disease when reaching the suppurative stage may be found to be circumscribed, or there may be several points of suppuration, pointing in different parts of the pelvis and each collection of pus having a separate outlet, and uniting at one place in the floor of the pelvis and escaping through the rectum, each abscess discharging at different times, prolonging this stage for some time. The suppuration may, however, be general or diffused, culminating in a large pelvic abscess, breaking down all barriers which at first circumscribed the several localities of purulent collection. In some instances, these large pelvic abscesses are of enormous size, filling up the entire pelvic space.

RESUMÉ OF PROGRESS IN OTOTOLOGY.

BY

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New York.

A careful perusal of the list of diseases treated during the year reveals nothing in the way of novelty. Scattered throughout the reports are the same maladies; we find some of these, however, to be of singular interest to the specialist, both as to their pathological course and to their treatment.

The number is large, the field comprehensive. Out of these we will pick those which suggest to us new departures, as well as those of interest,

which corroborate the continuance of old methods of treatment. As the aural apparatus is divided anatomically into several regions let us for simplicity speak of the diseases in a similar manner. Commencing with the auricle we come upon a case of sarcoma of the ear reported by J. Orne Green. Though this tumor involved more parts of the ear than the auricle we place it in this division, since its external superficies was so large. The patient had been suffering from otorrhœa for seventeen years due to scarlatina. A mass was found which seemed to fill the meatus; this involved the mastoid which, having bursted revealed a fungoid mass within; this was removed, but it returned and spread over the auricle and over the cheek and down the neck. The tumor over the mastoid was eight inches long and six inches broad. It involved the whole cheek besides. Microscopically it was found to be of the round-celled variety of sarcoma. Its interesting feature is its exceedingly rapid development. The development being accomplished in two months.

External Auditory Canal.—Eitelberg gives a long paper on the temperature of the canal but arrives at nothing definite. He says that the data are so meagre that nothing of practical value can be formulated.

Dr. Cornelius Williams mentions a case of fracture of the external auditory canal where the fissure was not at right angles to the axis of the canal.

Eustachian tube.—Von A. Eitelberg gives some interesting results from bougieing the Eustachian tube. This is no new experiment but has been done many years ago and is by some considered a risk in that there is so much danger of leaving some portion of the instrument in the tube on account of breakage. However the author seems to have had no such results if we are to suppose the silence on that part of the subject is synonymous with a favorable result. He introduces a catheter so that it lies

one line within the superior angle of the tube. He introduces it 6—11 mm: there are various theories in vogue regarding the distance to which a catheter may be introduced, but the difference in length and shape of several tubes seems to explain this discrepancy. A probe of $1\frac{1}{3}$ mm can pass the intestines and where this passes with but slight difficulty he thinks that bougies may be abandoned in the treatment. He uses the French filliform bougies of $\frac{1}{3}$, $\frac{2}{3}$, $\frac{3}{3}$, $\frac{4}{3}$ mm. diameter. After first forcing air through the catheter to ascertain if it be in position he uses his bougies. He says that narrowing of the tube at the isthmus should be found in three out of eleven cases of one sided middle ear catarrh.

He could pass a larger bougie relatively farther into the tube, due he thinks, to the relaxed folds of mucous membrane near the mouth of the tube. He further says it is sufficient to pass the bougie 24 mm. beyond the end of the catheter in order to pass the isthmus; it being necessary to pass it farther only when there is present suspected closure at the tympanic mouth. He further advocates bougieing in all cases of chronic catarrh of the middle ear. He seems to have had success in this treatment but as we have already intimated it is a dangerous proceeding.

Next in order we might speak briefly of a paper on the Poison of Riesner's Membrane by H. Steinbrügge. Though the paper is very interesting he seems to have arrived at little of benefit to us.

That it is elastic he determined in his own mind though there seem to be some proofs yet wanting. Further that when the pressure of the ends and perilymph is equal the ductus cochleaus will assume the usual pyramidal triangular shape familiar to us. But so much does the preparation interfere with the proper examination that scarcely is any thing of note added to our data.

Middle Ear and Internal Ear.—Dr. Moos relates two cases of mechani-

cal injury to hearing. In the first the patient had been thirty-six hours under water, in a diving bell. Emerging suddenly into the open air, he was seized with dizziness, nausea and vomiting; he was deaf and suffered from tinnitus. Both membranes were sunken but no other cause could be detected by examination. He was put on a spare diet and given laxatives and bromide of potash. After a time an atrophic spot was found in the left membrane. Bone conduction to the watch was absent and he could not hear the tuning-fork in the air. It was diagnosed Hæmorrhage in the Labyrinth. The left ear remained totally deaf but the right improved, though he could not tolerate the noise of the shop nor the heat of the sun. The results of the treatment do not to us seem to have been happy, but whatever improvement came, seems to have been wrought by nature.

Another case resulted in labyrinthine trouble and paralysis of the lower extremities, which went on to gangrene and killed the patient.

CASE II.—From the explosion of chlorophthalic ether ruptured both membranes. A purulent discharge ran from the ears. This patient also had labyrinthine disease, as evidenced by his constant tinnitus.

Prof. Moos.—Three cases due to syphilis:

In one is present a great difference between bone and ærial conduction by the fork. Scientists consider that when bone conduction is wanting there is also diminished ærial conduction, due to labyrinthine disease and, further, that there is deafness. In this case its interesting feature is that with the ear closed there was wanting bone conduction for the fork, but the latter was heard in the air. If it were a change in the auditory nerve beyond the labyrinth it would not explain this difference in conduction.

Another case—the patient was forty years of age. Thirteen years before had had an apoplectic attack, with total permanent deafness of the left

side, followed by implication of the right side; tinnitus, but no dizziness. Examination revealed only an injection over the manubrinne. Usual treatment yielded no results. He attributes it to syphilitic affection of the vascular system producing blood extravasation in the brain and labyrinth, since he had examined such cases in the cadaver.

In the third case both labyrinths were affected, bone conduction as well as ærial conduction were nil. The patient was operated for an existing recto-vaginal fistula and the ears improved. Here there was no anomaly in the bone and ærial conduction.

Prof. Moos did not explain the cause of the anomaly of conduction in the first case, in fact he seemed at a loss to account for it.

Permanent Deafness of One Ear from Mumps—Dr. Kipp. Simultaneous with Metastatic Orchitis.—There presented no evidence of disturbance of the acousticus. He thinks that it was due to embolism of cochlearis arteriosus since he had had a case similar in its presentation in which there was such an embolism, though the cause was scarlatina. With this criterion he thinks himself justified in attributing the cause of the deafness to the cause mentioned above.

Purulent Inflammation of the Middle Ear.—Dr. Bacon reports a case where there was, in complication with the purulent discharge and its concomitant symptoms, facial paralysis, nausea and vomiting, as well as unsteadiness of gait. After he had removed the granulations present, giving a free exit to the discharge, the patient's hearing improved. Very likely the retained products of necrosis pressed upon the nervous supply to the organ of hearing and thus held the function in abeyance. He mentions particularly the facial paralysis since it is of rare occurrence in Oletis Media Suppuratura Chronica. Politzer believes that it occurs more often than is generally supposed. Wilde and Trölsch have showed it to occur where there is no perforation. The

facial has numerous connecting branches as well as a widespread distribution. The prognosis as to ultimate recovery from the paralysis in the case recorded is unfavorable.

Dr. Fulton.—Case of Chronic Otitis Media Supp. With Cerebral Disease.—In this case optic neuritis developed subsequently. He did not open the mastoid because there was no pain, but he followed a conservative course and cured the patient.

Richard Brandeis gives an interesting paper on the use of Boroglyceride in otorrhœa. After having used Boracic acid with indifferent success he followed the suggestions of Prof. Barff, who says that Boracic acid in composition with something else acts better than the pure powder. Prof. Barff, in a paper before the London Society of Arts, tells how to make a "new antiseptic compound." It is as follows: Sixty-two parts of Boric acid and ninety-two parts of Glycerine are heated gently over a water bath, the Boric acid having been gradually added to the Glycerine until the fifty-four parts have been driven off. Formula:

Boric acid, BO_3H_3 , 62 parts, + Glycerine, $\text{C}_3\text{H}_5(\text{OH})_3$, 92 parts, = Boroglyceride, $\text{BO}_3\text{C}_3\text{H}_5$, 100 parts, + Water, (H_2O) , 54 parts.

This leaves one hundred of the Boroglyceride. This cooling is an amber-colored, vitreous mass, very brittle; soluble in glycerine, but less so in hot or cold water (about 10%). Boroglyceride acts as an astringent on mucous membranes. He uses it in solutions ranging from 10% to 50% generally beginning with the more concentrated solutions. It is introduced as all liquids by bending the head after thoroughly cleansing the parts. His success has equalled his expectations, for he has found that cases recovered much sooner than by the old method.

Mastoid Troubles.—Dr. Hartmann reports in detail fourteen cases of Mastoiditis cured by operation.

These cases are taken from the Polyclinic. The important feature is

the list of rules derived from these cases. Commence at the line of attachment of the auricle, or immediately behind it, and do not carry it too far back on account of the transverse sinus which often makes a sharp curve forward toward the auditory canal. Hence in operating on the mastoid *do not use drills or trephines*, but use the chisel. Another point of danger which may warn you is that when the sinus projects thus forward, the overlying bone is thin, for it lies nearer the surface. Do not go higher than the level of the upper wall of the canal in commencing the incision, because there is danger of entering the middle cranial fossa. After the operation, keep the incision open for a few days by means of a rubber drainage tube to be substituted later for lead tubes. All granulations must be removed and the tube retained until you detect healthy granulations filling the cavity. Iodoform is used freely, since it prevents inflammatory reaction.

There are other rules given by Dr. Knapp at the Otological Society meeting, to which I shall refer further on.

Drs. Moos and H. Steinbrügge report case of caries of petrous bone and fatal hæmorrhage from the carotid. He remarks that where you meet with difficulties in opening the cells, even where there is caries, you may find sclerosis of the bone. He refers to a case in which there was no hæmorrhage, but there was sclerosis, and here relief may be obtained by incising the peristeum, or removing a portion of bone, since these cases often result in the intra-cranial complications which are fatal.

Dr. Cornelius Williams.—Case where the involvement of the mastoid was primary. Here he used ice with success.

Dr. T. Y. Sutphen.—Caries of temporal bone; openings made through roof of tympanum. Two fatal cases, where inter-cranial abscess formed, and he thinks had the operation been performed sooner life

might have been prolonged, if not saved. He thinks that trephining the mastoid would relieve the intra-cranial pressure. Second case, the right lateral and superior longitudinal sinuses were occupied by an organized clot. Both of these cases were secondary to chronic purulent inflammation. When the cerebral abscess formed, the size of the pupil changed; choked disc, extensive paralysis and coma resulted, and finally death. With the thrombosis, increased secretion, normal pupil, swollen disc, slight paralysis. In neither were nausea and vomiting present, and the mastoid exhibited no swelling or œdema. Nervous apparatus.

C. J. Kipp.—Case exhibiting *ménîères* trani symptoms, preceded by a chill and followed by neuralgia and erysipeloid inflammation of the face. Partial recovery of hearing. This case had acute hearing in the left ear prior to the chill, and afterwards was deaf. There being no evidence of middle ear disease he concluded that the nervous apparatus was affected. The inflammation which followed showed this had an inflammatory origin, "starting probably from the cerebral meninges, thence to the gas-serian ganglion." "The chill and severe headache due to a circumscribed basilar meningitis." There was no tinnitus in the right ear, hence its nervous supply was unaffected. He accounts this case rare on account of the chill occurring before *ménîères* symptoms in an adult.

Case 2.—Symptoms of *ménîère* followed by erysipeloid inflammation of the face. Here there was middle ear disease also, which had something to do with the deafness in this case, though the patient had not noticed it before. Tinoritus here was followed by total deafness.

Case 3.—Sudden, complete, permanent deafness in one ear. No vertigo was present, thus leaving the supposition that "the cochlea was diseased;" a hæmorrhage or embolism would account for it.

Report of the Twentieth Annual Meeting of the American Otological Society.—A detailed account is given in No. 2 of Vol. XIII. of the Archives of Otology. We shall refer you to this for a more extended report, and confine ourselves to a few rules regarding the opening of the mastoid given by Dr. Knapp. From recent observations he has deduced the following rules:

1. In acute purulent otitis media, even if the post-aural region shows nothing abnormal, when cerebral symptoms continue unabated in spite of an apparently free discharge.

2. In chronic purulent otitis media when the size of the mastoid or a hard bony prominence of the posterior osseous wall of the auditory canal, indicate sclerosing mastoiditis; and when, in spite of careful treatment of the tympanic cavity, cerebral symptoms, especially headache, are either constant or occur in frequent paroxysms.

3. In subacute or chronic sclerosing non-suppurating mastoiditis interna with intact membrana tympani, the mastoid may be opened when cerebral symptoms, especially intense and obstinate pain radiating from the mastoid over the head incapacitating the patient for work.

SOLID BROMINE.—The *Pharm. Jour.* describes an article sold under this name, said to be infusorial earth, impregnated with 75 per cent of pure bromine and divided into cubes of 308 grains each. The cubes are used for disinfecting, being placed in open jars, the vapor thereby becoming disengaged. A cube of the size described, it is claimed, will disinfect four cubic meters of air.—*Ex.*

CAMPHOR IN CHOLERA.—Doctor Cigliano states that of the 50,000 persons in Naples who took camphor, not one died of cholera, and with few exceptions they escaped attack. It was given in drop-doses thrice a day as a preventive.

THE
AMERICAN HOMŒOPATHIST.

*A Monthly Journal of Medicine, Surgery
and Sanitary Science.*

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Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, *unless endorsed in our editorials.*

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A. L. CHATTERTON PUB. CO.,
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EDITORIAL.

Noblesse oblige, our privilege compels us; we professional men must serve the world, not, like the handicraftsman, for a price accurately representing the work done, but as those who deal with infinite values, and confer benefits as freely and nobly as nature.—
EDWARD EVERETT HALE.

There is a medical bill before the Legislature requiring all physicians now in practice in the State to go before an Examining Board and tell all they know about physic. The readers of the HOMŒOPATHIST know our repugnance to special medical legislation, but we would like to see this pet Allopathic bolus enacted. It would be fun to see the squirming which would result.

* * *

A tenant whose family was attacked with diphtheria in Brooklyn has begun

a suit for damages against the owner of the house. The plumbing was defective, and the landlord failed to have it repaired after being asked to do so. The diphtheria is said to have been caused by that neglect, and damages are claimed as a consequence. If landlords can be held responsible for such neglect, as they should be, there will be less defective plumbing and a corresponding decrease in the death-rate.

* * *

An incident related by a Boston School Inspector is instructive. Upon visiting a school-house he noticed the impurity of the air, but questioning the janitor elicited no information as to its cause. Proceeding to the cellar he detected a strong odor of chickens, which upon investigation was found to proceed from the air-chamber, which had been converted into a chicken-coop, carefully fitted up. The hens were very snug, but the inspector thought he had indeed found foul air.

* * *

A suggestion has been made that the government establish hospitals for the treatment of consumption at military posts in Texas, Colorado, and Southern California, where the conditions of altitude, mild temperature, and dryness of the air are favorable for pulmonic complaints. It is supposed that if such hospitals were erected under the supervision of the National Board of Health, that valuable discoveries regarding the natural history of this disorder would be made. If anything can be done to abate this scourge of humanity, a scourge which destroys five thousand lives every year in this city alone, no

expense should be spared to accomplish that result. But what has the National Board of Health ever done to warrant the slightest hope that it could cope with such a responsibility?

THE TALK OF THE DAY.

"WOMEN, Plumbers and Doctors" is the somewhat singular title of a book in which the author, Mrs. Plunkitt, endeavors to show that if women and plumbers do their whole sanitary duty, there will be comparatively little necessity for doctors. We are afraid if the coming of the millenium depends upon perfect plumbing, it is still a long way off. The perfect plumber, like the poet, is born, not made, and we can only hope for his development through a long period of natural selection.

WHILE defective drainage undoubtedly adds to severity of the zymotic diseases, and affords a soil in which the germs of disease propagate, it is only one of the many aids to the spread of the contagious diseases. A recent occurrence in Brooklyn will illustrate how infection spreads. At a children's party recently given, there was a little girl who was not very well, but who was able to join in the various amusements of the evening. The slight sore throat developed into diphtheria, and seven of the children who were present contracted the disease, of whom four died.

THE perversity of mankind is illustrated in this same disease, for in spite of the many specific remedies for diphtheria, cyanide of mercury, chloride of lime, sulphur, the single dose of the two thousandth potency, etc., etc., which in the hands of their discoverers, cuts down the ratio of the mortality from this disease to one or two per cent., the larger number of those attacked will persist in dying, according to all official fig-

ures, the ratio continuing from fifty to sixty per cent.

It is a wholesome sign of the times when a minister can so vigorously denounce the so called Faith cures, as the Rev. Samuel H. Virgin does. "The murder is no less a murder," he says, "when the patient dies in the arms of a matron who is praying for him, when the proper remedies are in reach and not made use of," and again, "the law should be invoked to punish those who stay the use of remedies. Christianity should deny what has become a stab in the church."

THE question of State examination of graduates in medicine still continues to haunt the *soi disant* regular physician who hopes to find therein a panacea for all the ills that afflict the body medical. If a regularly-constituted college is unable to transform the medical student into a physician, how much more potent will a board of State examiners prove?

B. F. UNDERWOOD, M.D.

LITERATURE.

In view of the awakened interest in the subject, and the universal feeling that cholera is soon to pay us a visit, the reproduction of the monograph, by the late Dr. Joslin, on Epidemic Cholera, is timely and welcome.* The success of the elder homœopathists, in the treatment of this disorder, can only be equalled by those of the present, when they bring to it the same painstaking discrimination that characterized the work of Dunham, Hering, and their *confreres*. Cholera is no more to be treated by specifics or routine prescriptions than any other disease, and Joslin points out no royal road. It is

**The Homœopathic Treatment of Epidemic Cholera.* By B. F. Joslin, M.D., L.L.D., with notes and additions by P. P. Wells, M.D. Sm. 12mo. pp. 96. The Homœopathic Physician Supplement, No. 6.

a work that can be read and re-read by all of us, during the passing year, with advantage to our patients and our own good name. This edition is made of greater value by the annotations of the veteran Wells, and we bespeak for it a wide circulation. It may be had of the publishers of this journal.

The January number of Wood's Library may well be denominated standard but is by no means new. It is the sixth edition of the well-known work on the human skeleton by Holden.* Even as an edition it is not new, having, we believe, been issued in London several years since. However, it can never grow old, and to those who have not already either of the later editions it will be a welcome beginning of the current series. It is a handsome specimen of typographic skill, as are all the publications of this reliable house.

Prof. Lefferts, of this city, gives in a pleasant way instruction in the best manner of making nasal examinations, and in diagnosing the more common rhinal difficulties.† While these may be reached by their "symptoms," and cured by homœopathic medication, without accurate diagnosis of pathological condition, and have without doubt frequently, both by laymen and doctors, been so cured, yet there can be no valid excuse, on the part of the practitioner, for such lax conduct of business now that the means of accuracy are brought so conveniently within his reach. Prof. Leff-

erts depends exclusively upon local means in treatment. Here we can do better. So we take in his book what is instructive to us, and pass along. Some day we hope he too may know the value of potentization in therapeutics.

Dr. Graham, of Boston, is the author of a monograph on massage which we have read with considerable interest and approval.* The value of this form of treatment is acknowledged, not only by eminent neurologists, but, we believe, by all who have given the subject careful attention. Dr. Graham indulges in no hysterical panegyrics on this method of cure. He is not blind to its necessary limitations. Nor does he recommend it as a sort of general cure-all for those who have failed of relief from drug medication. But he does show that massage is a very different thing from the ordinary art of the professed rubber or manipulator; that it has a sound basis in physiological processes; that it is an art worthy of the time and attention of the physician himself, and not to be relegated to ignorant and irresponsible persons; that so used it is capable of doing much, not only for patients suffering from nervous disorders, neurasthemia, sleeplessness, headache, and the like, or in abnormalities of function in the vegetative system, anæmia, constipation, and kindred torpidities, but that it is further capable of extension into disorders with organic changes, tumors, locomotor ataxy, joint affections, and paresis. Massage has met with the approval of the renowned in medicine in all the ages. Hippocrates, Herodiscus, Galen, Asclepiades, Oribasius, Paracelsus, Ambroise Paré, Mercurialis, Fabricius, Hoffman, Syden-

* *Human Osteology*. Comprising a Description of the Bones, with Delineations of the Attachments of the Muscles, the General and Microscopic Structure of Bone, and its Developments, by Luther Holden, F.R.C.S., etc., Assisted by Jas. Shuter, M.A., M.B., etc., with 61 Plates. Sixth Edition, 8vo, pp. 276. New York: William Wood & Co.

† *The Diagnosis and Treatment of Chronic Nasal Catarrh*. Three Clinical Lectures Delivered at the College of Physicians and Surgeons, New York. By George Morewood Lefferts, A.M., M.D. Sq. 12mo, pp. 49. St. Louis: Lambert & Co.

* *A Practical Treatise on Massage*. Its History, Mode of Application, and Effects; Indications and Contra-Indications; with Results in over 1400 cases. By Douglas Graham, M.D. 8vo, pp. 286. New York: William Wood & Co.

ham, Tissot, Balfour, Weir Mitchell, and Professor Playfair are but a few of the long line of noted men who have practiced and enforced the value of a properly conducted massage treatment. To those who are anxious to avail themselves of all helps in therapeutics, which do not interfere with homœopathic drug-action, and who desire to know what massage is not, as well as what it is, we can emphatically recommend this work.

ABSTRACTS.

THE TEST OF DEATH.—The prize of forty-thousand francs offered by the French Academy for some certain test of death, to prevent people from being buried alive, was given to a physician who announced that on holding the hand of the supposed dead person to a strong light, if living a scarlet tinge is seen where the fingers touch, showing a continuous circulation of the blood—no scarlet being seen if dead. Doctor Max Busch also announces that on contracting a muscle by electricity, its temperature will rise, and be shown by any small surface thermometer, if the person is living; if it does not rise, life is extinct.

"CONSUMPTION IN THE FAMILY."—There is no more common observation than that "consumption runs in the family," or in a side of a family. Some other features of the disease in this direction have been also noted, but the significance of them has been disputed. Dr. Rush, in his treatise, says the disease was unknown among the American Indians; it was not among their legends and traditions until a comparatively recent period. Now they die as freely as the whites. There is an interesting fact of peculiar significance to be here noted, namely the inoculation, some years ago, by three Greek physicians, of a man with the disease, a rare opportunity presenting itself to them for the purpose. The man was doomed

to die, and they inoculated him with the sputum from diseased lungs. Great care was taken to eliminate the sources of doubt. There was no history of family susceptibility. About the third week after the inoculation the signs of consumption began to manifest themselves in the body; and at the post-mortem examination, tubercles were found in the apex of each lung, and some on the free surface of the liver.

—ANCHYLOSIS EXTRAORDINARY—

In the town of Cambria, New York, lives Jonathan Bass, who has been an invalid for twenty-seven years, incapable of the slightest movement of his joints. In 1848, when about eighteen years old, he was seized with a sudden pain in his right foot which he attributed to a nail in his shoe. An examination of the shoe showed no cause for the pain. His foot and leg began to swell and continued to be more or less troublesome. In 1856 the swelling had extended to all his joints which had become fixed and immovable. In 1857 he was placed on an invalid chair from which he has never since been removed. Since 1865 he has been fed with a spoon. His jaws are so firmly set that it is with great difficulty that they are separated. He has an excellent appetite and is fond of fat pork and fat beef, which he draws through its teeth by suction. His food is swallowed by mastication. In 1869 through excessive reading Mr. Bass became blind. Every joint in his body has now grown into solid bone and is immovable. He only weighs seventy pounds and is lifted bodily by placing one hand on his head and the other under his heels. His heart is five or six inches below the usual position.

The Medical Advance, of Ann Arbor, always a very readable journal, has enlarged its borders so as to include a special gynæcological department. This will be edited by Phil. Porter, and he will doubtless make it lively. The *Advance* is edited and published by our good friend Prof. Henry C. Allen, and we wish it and him all success.

ITEMS.

Prof. H. P. Gatchell, M.D., has taken up his residence in Asheville, N. C.

Graduates of Hahnemann Medical College of Philadelphia, have organized a permanent Alumni Association.

Dr. John F. Miller succeeds to the practice of the lamented Dr. Constantine Lippe. The best wishes of the HOMŒOPATHIST, and a cordial welcome to New York, is extended to him.

Dr. Hadley, of Block Island, reports great success in treating incipient felons by wrapping the finger in the skin of a boiled egg. We have ourselves tested its efficacy in a number of cases.

The New York Homœopathic Medical College have elected A. R. Wright, M.D., of Buffalo, to fill the newly-created chair of Hygiene. Professor Wright delivers his first lecture on January 28th; subject:—"The Hygienic Care of the Skin."

The Hahnemann Association of Louisiana sends a cordial invitation to homœopathic physicians everywhere, to meet with them on April 9, for the purpose of organizing a Southern Academy of Homœopathy, and celebrating the birthday of Hahnemann.

The Hahnemann Medical College, of San Francisco, is doing a good and much needed work. Its second prospectus shows it is meeting with much encouragement, and gives promise of becoming one of the great centers of homœopathic teaching of the world.

The United States' Medical Investigator has changed from a weekly to a monthly issue, and presents an imposing appearance. If, now, in quoting its original articles, it will enlarge upon the cabalistic *H.M., H.W., A.H., H.P.*, nothing further in the way of improvement could be desired.

The position of Resident Physician of the Hahnemann Hospital in this city will be vacated April 1st. There will be a competitive examination, notice of which will be given to candidates. The doctor will receive his board, lodging, and washing, also thirty dollars per month. Applicants may address John H. Thompson, M.D., 36 East 30th Street.

The BROOKLYN HOMŒOPATHIC HOSPITAL DISPENSARY STAFF (re-organized June, 1882) held its second annual meeting January 12, 1885, in the hospital, 109 Cumberland street, and elected B. E. Mead, M.D., President, and John L. Moffat, M.D., Secretary. There are nine clinics, and seventeen physicians and surgeons. Nine thousand eight hundred and eighty-three patients were treated in 1884,

and twenty-three thousand six hundred and sixty-eight prescriptions dispensed.

The annual meeting of the Homœopathic Medical Society of the State of New York was held, February 10 and 11, at Albany. The elections resulted as follows:—President—Dr. M. O. Terry, of Utica; Vice Presidents—Drs. A. P. Hollett, of Havana, N. B. Covert, of Geneva, and Geo. M. Dillow, of New York; Secretary—Dr. John L. Moffat, 17 Schermerhorn street, Brooklyn; Treasurer—Dr. E. S. Coburn, 91 Fourth street, Troy. Censors—Northern District, Drs. W. T. Laird, D. E. Southwick, George Allen; Southern District, F. E. Doughty, E. Hasbrouck, Henry C. Houghton; Middle District, N. B. Covert, W. E. Milbank, E. B. Nash; Western District, F. Park Lewis, A. R. Wright, J. M. Lee.

Twenty-one permanent members were elected. The by-laws were modified, creating "Senior Membership," to which a member in good standing, who has belonged to the Society for twenty years, can be elected, if he be sixty-five years old. Such are exempt from dues and assessments. Drs. Wm. Gulick of Watkins, and R. C. Moffat of Brooklyn were elected senior members.

The semi-annual meeting will be held Sept. 8 and 9 next, at Grove Springs, Keuka Lake. The attention of secretaries of county societies throughout the State is called to the repeated requests on the part of the Secretary of the State Society for reports of their officers, delegates and members.

Dr. Chas. Gatchell, of Chicago, in his "Treatment of Cholera," says: "As it is known that the cholera microbe does not flourish in acid solutions, it would be well to slightly acidulate the drinking water. This may be done by adding to each glass of water half a teaspoonful of Horsford's Acid Phosphate. This will not only render the water of an acid reaction, but also render boiled water more agreeable to the taste. It may be sweetened if desired. The Acid Phosphate, taken as recommended, will also tend to invigorate the system and correct debility, thus giving increased power of resistance to disease. It is the acid of the system, a product of the gastric functions, and hence, will not create that disturbance liable to follow the use of mineral acids."

The following case is reported from Bangkok, Siam, and may be relied on as authentic: About three months ago a native was attacked with cholera. An American Missionary attended him, and administered all medicines he could, but at last the man was so far gone that they gave up all hopes of recovery, and would do no more. Relatives of the patient begging the doctor not to give him up as lost, the doctor thought of Horsford's Acid Phosphate. After the second dose the patient commenced to revive, and in six hours after, he was pronounced out of danger.

THE AMERICAN HOMŒOPATHIST.

NEW YORK, APRIL 1885.

SOME EXPERIENCE WITH ADONIS VERNALIS.

BY

E. M. HALE, M. D.

Chicago.

I have lately had some clinical experience with this new cardiac remedy which appears to me worthy of record.

This plant is a native of Europe, and is largely cultivated in gardens and green-houses in this country. It was introduced to the profession by a Russian physician, principally by the renowned Prof. Botkin, who asserts that it stimulates the motor ganglia of the heart, and the inhibitory nerves. It increases the contractility of the cardiac muscles, and the small arteries in different parts of the organism without affecting the vasomotor centre. It increases the force and amplitude of the heart's contractions in health and in disease. It is also a gastro-intestinal irritant, causing vomiting and diarrhoea, and increases immensely the urinary secretion.

Its action is analogous to digitalis, convallaria, iberis, cactus and a few others.

The following two cases illustrate its beneficial action in disease.

(I.) A man aged 40, after acute endocarditis with injury to the valves. The heart's action was feeble and irregular; a great deal of apparent action, with very little force. The renal secretion almost entirely suspended; œdema of the limbs and ascites; face bloated and somewhat cyanotic; constipation; dyspnœa; no pain.

I had given convallaria and digitalis with unsatisfactory results. Prescribed *Adonis* (Fl. Ext. of Parke, Davis & Co.) 15 gtts. in half glass of water—2 spoonful every 2 hours.

In two days no apparent improvement. Changed the dose to 5 gtts. every 3 hours. In less than 24 hours the heart's action showed decided improvement. It soon became stronger and more regular, and the urinary secretion increased.

On the third day the dyspnœa disappeared, and the urine became clear and abundant—nearly four quarts in 24 hours. Its action on the bowels now appeared and he had a free semi-fluid movement every four or five hours, with some nausea, and the dropsy rapidly disappeared. He was then given strychnia 3x trit. 5 grs. every four hours, and under its use a rapid convalescence set in.

I have never given any cardiac remedy with more satisfactory results.

(II.) A German, aged 50, an excessive smoker, who used no alcoholic liquors, not even beer, was attacked one morning on rising with violent vertigo, fainting, rapid, irregular action of the heart, with great dyspnœa, cold sweat and trembling.

Veratrum album 3, was given, with beef tea and ammonia, under which he rallied, but on attempting to dress a few hours after, the same symptoms recurred.

Nux vomica and digitalis were given in alternation, under which he improved so much as to be able to be up and around the next day.

The action of the heart, however, did not become normal. Examination failed to show any valvular trouble. Believing that he was suffering from the effects of tobacco, and believing that rest and good strong diet would permit of recovery, I suspended all medicine. But the symptoms were persistent, and after several days I decided to try *Adonis*. Beginning with 5 gtts. of the ix dilution every 2 hours; after two days there being no improvement, I gave 5 gtts. of the Fluid Extract every 3 hours, and in 24 hours its restorative action

on the heart became very marked. This patient's face was of a gray, half cyanotic color, and the hands and feet cold and clammy. As the heart became strong and regular in action, all the symptoms disappeared.

The drug showed its action on the bowels, and he had several loose excretions a day.

Strychna 3x. was given for a week, when he appeared as well as ever.

Several weeks elapsed when he had a similar attack, due to moderate smoking (3 cigars a day). The *Adonis* was given as last, and in a few days he was much better. He was effectually frightened, however, and has "sworn off" from the use of tobacco.

I believe that the old rule that the system will recover unaided from the abuse of tobacco, is not always true.

I have used *Adonis* in several cases of enfeebled cardiac action, and it has not yet disappointed me. No drug is more worthy a good thorough proving to develop special key-note symptoms, but its *grand characteristics*, are as bold as digitalis, which it certainly rivals.

THE RELATION BETWEEN COMPLIMENTARY AND ANTAGONISTIC HOMŒOPATHIC REMEDIES.

BY

Prof. EDGAR V. MOFFAT, M. D.,

New York.

This brief paper is presented with a feeling of diffidence, for it embodies a thought which has but recently occurred to me, and one which I have not seen presented by any one else. It is offered, not as the statement of a fixed law, but merely as a suggestive thought for your discussion. It may prove true or false, and in either event I should like the aid of your ripe experience, to facilitate and direct further study.

It is a generally admitted fact that the great majority of our physicians are more or less in the habit of alter-

nating in their prescriptions; so, while here neither advocating or condemning the practice, let us see if a guide can be found which will lead them to scientifically discriminate in their choice of the alternating drugs.

Closing our eyes to, or decrying the habit will not change the fact; so, among a group of drugs, each of which presents a more or less complete similitum, how can we prevent a random choice of the two that seem the closest?

It will not do to learn by rote a long list of complimentary and inimical drugs, for no two present throughout their action a complete antagonism. Some will prove antagonists in one sphere of action, synergists in another, and be simply different in a third.

The first requisite is a scientific scheme in studying our drugs. As a foundation we must thoroughly learn the physiological action of each, and carefully discriminate between primary and secondary effects. As we should fully understand the pathology of our natural disease, just so familiar should be the pathology of the drug disease which must be our weapon. Then in the light of the physiological action, can we more easily, intelligently, and surely learn the symptomatology, which is of course the essential feature, and at the bedside must be our main reliance. But there is a vast difference between learning the symptomatology scientifically and by rote. For this our present works on symptomatology are hardly sufficient and most welcome will be the forthcoming revision from the joint committee on *Materia Medica* of the British Association and the American Institute of Homœopathy. In this will be included the original narrative provings, so that we may readily trace the primary and secondary drug actions.

The points to which I wish particularly to call your attention are the mutual relations of complementary and antagonistic drugs in their *Homœopathic application*.

As there is a fixed law governing the relations of drugs to disease, so there *may* be a law governing the mutual relations of drugs.

In order to avoid confusion, it is important to understand in the beginning, that we do not speak of drugs that are *physiologically* either antagonistic or synergetic, but of those given to the sick in accordance with the law of homœopathy.

In physiological antagonism we see one drug overpowered by another having a more intense and directly opposite effect upon the system. For instance, Belladonna antagonizes Opium by directly stimulating respiration and the heart's action, both of which are greatly depressed by the latter drug. Again, Jaborandi produces profuse perspiration and salivation. Belladonna antidotes it by a more powerful action in checking these secretions and so on. In all this class of cases the drugs must be given in physiological, and sometimes even lethal doses; or rather they would prove lethal but for the antidotal principle involved.

The antagonism we refer to may be seen in the patient even when potencies only are given. It is an entirely different problem, having as important factors the natural disease present, and the extraordinary sensitiveness with which the vital force responds to a homœopathic remedy.

Without attempting any theoretical explanation let us notice a few acknowledged facts.

In a given case of laryngitis or bronchitis, either phosphorus or causticum alone may prove beneficial; but together they are mutually antidotal and will mar the case.

On the other hand under certain conditions, a case of constipation with hæmorrhoids will recover more rapidly and smoothly under both nux and sulphur than under either alone.

Wherein lies the difference? It cannot be mere chance or coincidence. There is no chance in science.

My thought may be formulated in

this way:—Two drugs given homœopathically, either together or in alternation will prove *antagonistic* if the primary action of one corresponds closely to the primary action of the other; or the secondary of one to the secondary of the other.

They will prove complementary if the primary action of one corresponds to the secondary of the other, or the secondary action of the one to the primary of the other.

The complementary or antagonistic relation is limited to the field in which the correspondence of action is seen.

This law of drug affinity, (if it be a law), is analogous to the law in physics that like magnetic or electric poles repel and unlike attract.

Let us analyze a few instances, first taking the case of nux and sulphur. Nux *primarily* produces constipation with partial congestion, hæmorrhoids, and an irregular peristaltic action. The symptoms are of course familiar to all. The *secondary* effect is a diarrhœa relatively more brief and mild than the preceding constipation, but it is marked by the same characteristics of uneasy peristalsis, partial congestion, &c. Whereas in sulphur we have the reverse condition; primarily a diarrhœa with sudden tenseness, a certain amount of portal congestion, &c., but on the whole it is milder and shorter than the *secondary* constipation which, like that of nux, has great portal congestion, hæmorrhoids, rectal tenseness coming irregularly, &c.

Here the similarity of the primary of each to the secondary of the other is complete, extending to many detail symptoms, and their complementary relations are universally admitted.

On the other hand, sulphur is the main reliance as a dynamic *antidote* to aloes. Both produce as their primary condition early morning diarrhœa with portal and pelvic congestion, hæmorrhoids, tenesmus, &c.

Alumina and bryonia are often antidotal. Alumina produces primarily constipation without desire for

stool, fæces hard dry and knotty, often followed by blood; peevish, irritable mood, throbbing headache, gastric disturbances, as bitter, and some eructations, heart-burn, &c., with sharp abdominal pains all resembling Bryonia.

Bryonia produces primarily constipation, and secondarily diarrhœa. This constipation is like that of alumina, torpid, with sluggish liver, dry hard, shorter as if burned, thirst, bitter eructations, sharp stitching abdominal pains, &c. The antagonism I believe to be through the similarity of these primary effects.

The primary action of chamomilla is closely analogous to the secondary nervous unstrung condition of opium. Given together, especially in appreciable doses, they prove complementary in securing the full soothing *primary* effect of the opium for the chamomilla antidotes the secondary effects of the former. Here one sees a double relation of synergism and antagonism depending on how the drugs are administered.

To meet nervousness arising from natural causes in the patient, chamomilla low and opium high will prove most harmonious and even complementary showing none of the antidotal action seen when the nervousness is the reactionary physiological effect of opium.

Truly synergetic relations between homœopathic remedies acting together are comparatively rare and are difficult to analyze. Far more common are the antidotal relations, as in the group of torpid constipation—Plumbum antidoting opium Allumina antagonizing plumbum, &c.

Or we see the the primary action of zinc in an irritation of the cerebro-spinal system mainly peripheral with twitching, jerking of isolated muscles as seen in the irritation stage of hydrocephalus or hydrocephaloid. Secondarily we have depression, and paralysis.

Ignatia gives very similar primary conditions; among others the twitching and convulsions being peripheral

or reflex, similar enough to zinc to render them mutually antidotal. It has like zinc reactionary depression

It is not necessary to adduce further instances. These are given not to prove, but simply to illustrate my point. If the conclusions be true they must militate strongly against the *habit* of alternating; for many physicians who practice in this way choose the two closest drug pictures they can find, under the general impression that their prescription is thus just twice as strong, for if one is not right the other possibly will be, or that each will help the other. The fallacy is clear for the closer the similarity between the drugs the more actively will they prove antagonistic, and the more foolish the prescription. But if in accordance with this principle two really complementary drugs be chosen, good rather than harm will be effected.

"Why" this law of relationship should be so (if it be really true) is a difficult question to answer.

The solution which occurs to me just now is perhaps vague, but doubtless some better one may be suggested.

As is well known, drug effects are more acute than corresponding natural diseases. Then if two drugs be given together, both of which are closely similar, even to the stage of their action (primary or secondary), they will each in their intensity and in their mutual likeness form a closer and more prominent similimum for the other than for the natural disease, and, therefore they will, so to speak, make homœopathic cures, one of the other, leaving the preëxisting disease better for the prescription.

If, however, two drugs be given which both cover the case closely, but the indications in one are from the primary, and in the other from the secondary stage of the drug's action, that very difference would prove a potent barrier to their mutual reaction as in the former case, and the natural disease would promptly respond to the more homœopathic drug. Then

as its action subsided, the other being the closest similitum now present would act more or less perfectly as the first had done, sustaining and confirming its work.

This paper marks my first step in this line of thought, and as such it is submitted for your consideration. If it be in error, or if the thought be worthy of further study I ask in either case the counsel of your wider experience and the fruits of your many years of study.

DISCUSSION.

DR. S. LILIENTHAL: Dr. Moffat says that the primary action of one remedy is supported by the secondary action of another.

He speaks of aconite and belladonna. Some of our physicians say it is wrong to give these two remedies in alternation, because they are antagonistic. I must say that, like Dr. Moffat, I do not like alternation; still I have sometimes found it in my practice working very nicely—that is, the alternation of a very high, and a very low potency.

Taking only one remedy in my mind, as aconite, I recollect years and years ago, when we had cholera here, I gave just a grain of camphor, or aconite. I gave a pure tincture of the root of aconite and frequently saw the same results that my colleagues have seen from camphor. As soon as the reaction came on, I changed it to aconite 200 and the patient recovered.

Now there is another idea which I trust that my friend Dr. Moffat will keep in mind. There is in the same remedy a great difference between its primary and secondary action. The trouble with all of us is, if we do not see the benefit within twenty-four hours, we change the remedy. "Be sure you are right, then go ahead." And stick to your remedy, and you will see in two or three days a change for the better.

The difference between a high and a low potency is a point not mentioned by Dr. Moffat.

DR. DANFORTH: We all recognize the fact that certain drugs have an affinity for each other, and that others are antagonistic. This principle is recognized in all schools of medicine, and is denominated chemical and physiological incompatibility. The old-school works on *Materia Medica* speak of medicines which cannot be prescribed with another without interfering with its chemical composition or medicinal activity. The chemical relationships we have little interest in practically, but the physiological antagonisms and affinities are more important to us, and herein lies an important field for investigation. This subject is not a new one. Hahnemann referred to these two relations as *freundlich* (friendly like) and *feindlich* (enemy like). Hering defines the term *incompatible* as applied to medicines as those substances which are *too similar* in action, especially in the remote symptoms. Many instances of this sort of incompatibility are known to us, and much remains to be learned. I have no theory to offer on this subject, and will merely say that whenever I am inclined to give remedies in alternation, I always bear in mind, so far as I am capable, this subject of the relationship between drugs, and give together those which are supposed to *assist* each other, and keep far apart those known to be directly antagonistic.

DR. ALLEN: This is a very difficult subject, Mr. President, for me to handle. I have thought over the matter for many years past, but I must say that I am not prepared to state definitely what I believe to be the truth.

I think we should define the terms here before going much further.

When we speak of remedies which assist one another, whose action seems to be intensified, one by the other, we may believe that single symptoms are increased in violence, or we may mean, that additional symptoms, not necessarily related to

each other, are developed by the combined action of drugs.

Now I have no doubt that two dissimilar remedies have different effects on different organs and tissues, and I have no doubt that in some cases of disease, although I have no practical experience on this point, two remedies may act in two different spheres.

A great deal has been written regarding the antagonism of drugs by men of the Old School, but so far as I know, there has as yet been found no true physiological antagonist to any drug. By some authorities it is supposed that atropia does not antagonize morphia, but that it supports the system by stimulating the heart and keeping up respiration, thus preventing those organs from becoming paralysed; and we are always cautioned against the continued use of atropia.

The secondary effect of belladonna added to the primary effect of opium is apt to be fatal; if belladonna be given as an antidote and be continued too long, the patient will be killed, so that if we take those two drugs as the type of antagonism between primary or secondary effects (their antagonizing effect upon the brain) then we have an antagonism only partial—superficial, not real, but in the end an increased action upon the system by the combined action of two drugs. In the case of chlorine and strychnine there is no true antagonism.

I have experimented with the action of aconite and belladonna to a limited extent upon patients in fever, with dilated pupils, dry throat, etc.; symptoms which present in some respect, aconite symptoms—not very marked, and some symptoms of belladonna, without much thirst. I have uniformly considered that the action of belladonna was clearly impaired by alternating with aconite; the action of aconite is decidedly injured by the action of belladonna.

I have come here to-night prepared simply to say that I believe the ques-

tion to be purely one of theory, as yet.

I believe it is better to experiment by trying remedies separately and then alternately.

Now, Mr. President, I have not more than twice in five years given two drugs together, and theoretically I think that the practice is to be deprecated, and I doubt very much whether we can accomplish any good result by giving two remedies together.

DR. S. LILIENTHAL: I would like to find out what is meant by alternation—every hour, every week, or what?

DR. MOFFAT: I mean alternately, every hour or two hours, as is usual. I do not uphold or condemn the practice. I simply raise the question.

DR. HELMUTH: I should like to ask, what is the objection to alternation?

DR. ALLEN: The first objection is, the increase of ignorance on the part of the profession. If a physician found a patient clearly needing sulphur, in hæmorrhoids, for instance, and gave it, he would cure his case, whereas if he prescribed nux he would fail and would learn from his experience. A physician learns both from his successes and his failures.

My experience is that the physicians who alternate habitually carry it to excess and that they gradually diminish the number and increase the size of their bottles.

I deny that any combination of two or more remedies will cure more speedily or as speedily as the one right remedy. I absolutely believe that the one remedy is better.

DR. HELMUTH: I did not come to this meeting to discuss materia medica, because my thoughts and studies are constantly turned in another direction. I came here because, as Dr. Allen says, I found the vials in my medicine case were growing larger and were filled with stronger medicine than formerly, and because, —as our brethren of the old school are now using most of our medicines in

small doses—I desired to be at least as good they, and to refresh myself in the study of our *materia medica*. However, according to Dr. Allen's own statement, the man who gives the nux and sulphur cures twice as many cases as the man who prescribes nux and sulphur each once. I say, therefore, if you can cure twice as many patients by alternating, why not do so?

I do not believe there is any law regulating the alternation of medicines, except that of experience. I believe that some of the most remarkable cures ever made by Homœopathy were effected by the alternators. Again I ask the question, Is there any harm in alternating?

DR. DOUGHTY: I rise for information. I find that these gentlemen who use the single remedies, use what they term *inter-current remedies*. I would like to know something about this.

DR. S. LILIENTHAL: You have to study your case out every day, and that is just the trouble. You only learn *materia medica* by prescribing one remedy at a time. Sulphur is sometimes used as an interpolating remedy, that is, when your first remedy becomes inactive or acting but slowly, you give sulphur and the action of the other remedy seems to be stimulated.

DR. DOUGHTY: Suppose a case, as after an ovariectomy, the general condition calls for aconite or some other remedy, there develops great nausea and flatulency. Now, for these symptoms we have found, and Dr. Helmuth will bear out the statement, that nothing has been used as efficaciously as *kali chloratum* in overcoming them. What is the objection to administering this drug in alternation with whatever other remedial agent is being used?

DR. ALLEN: I doubt very much whether aconite is the remedy. I have very seldom, in my surgical experience, found aconite useful for shock after an operation.

Now, certainly, if a case presents

nausea and flatulency and fever, aconite is not the remedy. Nineteenths of the Homœopathic physicians think aconite is the only remedy for fever. There are many others just as good as aconite. Chlorate of potash is good, I think, for fevers. I think when a patient has two remedies instead of one that the patient's recovery is retarded.

A physician not long since was giving sulphur and bryonia, and the patient did not get along well, but on dropping one he got along very well. If chlorate of potash is the remedy, I think aconite is not.

DR. DOUGHTY: Perhaps the remedy that you select, is indicated by the totality of the symptoms. Now I want to know is there any objection to giving chlorate of potash, in connection with any other drug, that the totality of the symptoms seems to call for?

DR. ALLEN: I would simply say that I can scarcely conceive of such a dilemma. I suppose that there is no objection if you are giving aconite, and then the patient becomes flatulent, to your dropping the aconite and giving chlorate of potash.

DR. S. LILIENTHAL: Does chlorate of potash cure every case of flatulency, or only after a surgical case?

DR. HELMUTH: After the performance of ovariectomy, if on the second or third day, there is distension of the abdomen with flatus, arising probably from some slight peritoneal, rather than gastric disturbance, the chlorate of potash will, in the majority of instances, relieve that symptom—but it will have no effect upon the severity of the surgical traumatism—for this, *hypericum* ought to be given—and given in alternation with the *kali*—and I have seen both symptoms disappear in a most satisfactory manner from the use of these two drugs in alternation. This I know from actual experience, oft-times repeated. I do not, however, believe that the chlorate of potash is the great medicine for the cure of ordinary flatulence—on the contrary, there

are other medicines which are doubtless superior to it in efficacy. It may be, that it is especially adapted to that form arising from the irritation and handling of the peritoneum and intestines, which are necessary concomitants of the operation."

DR. S. LILIENTHAL: I think chlorate of potash works like a charm.

DR. ALLEN: Some of you perhaps know that Mr. Whympers, in ascending the mountains to a great height, found that chlorate of potash relieved him from the cold extremities, gasping for breath, etc.

PROVING OF ALETRIS FARINOSA.

BY

W. H. KING, M.D.,

New York.

(Continued from page 83).

Proving No. 5. Male.

Proving No. 5 and 6 are made with the fluid extract.

Jan. 13, 2 P.M. Took 60 gtts.

Jan. 14, 8.30 A.M. Took 60 gtts.

11.30. Took 65 gtts.

11.45. A sharp lancinating pain came in right eye-ball, lasting about ten minutes.

12.30 P.M. Took 3 i.

About five minutes after last dose I was taken with cramps all through the abdomen, which continued about thirty minutes.

4 P.M. Took 3 i.

Soon after felt a pain all through the abdomen, which gradually settled down in lower part, relieved temporarily by passing flatus, but permanently relieved by a scanty diarrhetic stool at 6.30.

7.30. Took 3 i.

7.20. There came pains all through the abdomen, aggravated by bending forward, relieved by bending backward.

The pain increased, and in ten minutes it seemed as if all my insides were sunk down to lower part of the abdomen and was being cut with knives. This continued twenty minutes when I had a diarrhetic stool,

which was scanty but relieved the pain.

Jan. 15. 26 ozs. of urine passed last 24 hours, specific gravity 10.26. 9 A.M. Took 3 i.

11 A.M. My mind is very much confused and wanders, have to concentrate all my energy to keep it on the subject I am engaged with.

Have had pain in the abdomen (mostly lower part) by spells ever since rising until 3:30 P.M., when it was relieved by a VERY SCANTY diarrhetic stool.

There was much tenesmus during and after stool, with a feeling as if the lower part of the rectum was closed.

Jan. 16. Yesterday and to-day my nose has been sore just inside the tip on the left side.

Have noticed ever since taking the drug that the fæces and wind passed per anum, has had a particularly bad odor.

For the last three nights I could not get asleep until very late, and then sleep was restless until late in the morning.

Jan. 22. I cannot sleep nights, am troubled with both physical and mental restlessness; worse fore part of the night. My mind is continually wandering on occurrences of my past life.

I have had no tendency to brood over sorrow, my thoughts are very pleasant.

Proving No. 6. Female.

Jan. 13, 2 P.M. Took 60 gtts.

2:35 P.M. Felt a heavy weight in back of head, with a dull pain over the eyes and through head from temple to temple.

At 9:30 P.M. Felt as if I was going to faint, accompanied with nausea.

Jan. 14, 9 A.M. Took 60 gtts.

12 M. Fore part of head felt as if in a vice.

12:30 P.M. Took 60 gtts.

1:30 P.M. Head feels as if in a vice.

2 P.M. Took 3 i.

2:45 P.M. Pain commenced back of ear, ran down the sterno-mastoid

muscle; lasted about one minute, leaving it sore to touch.

4 P.M. Took 3 i.

7 P.M. Felt a sharp pain in left breast which lasted about one minute, then it went through into back, just to the left of lower part of right scapula.

7:10 P.M. Took 3 i.

8:05 P.M. Raising of food in the mouth that was eaten at 5:50 P.M., with burning in the throat.

9:30 P.M. Pain commenced at the anterior superior spine of crest of the ilium and ran down to the pubes, with a feeling as if diarrhœa would come on, but none came.

Jan. 15, 4 A.M. There came pain the same as night before, which lasted about five minutes, when it disappeared, and then began to ache down the anterior parts of the thighs and legs to my feet, and all up the back, finally it seemed to locate across the back of the hips.

On rising at 7:45 A.M. I felt very tired, and ached still across the back of the hips.

I also had pain and heaviness in the back of the head, with a sharp pain running down the right trapezius muscle, which was aggravated by bending the head forward, relieved by bending it backward.

All passed off with exception of headache at 8 A.M.

43 ozs. of urine passed last 24 hours, specific gravity 10:20.

9 A.M. Took 3 i.

Jan. 16. All night had pain running down the tops of my thighs but much worse in the knee joint, which caused me to toss about in bed and prevented me from sleeping.

On rising from bed, pain ran from anterior superior spine of crest of the ilium down to the pubes. I always have such a pain when I am unwell.

The forenoon I was on my feet, during which time I felt no pain in the knees, but in the afternoon, while sitting, pain in the knees has been a great annoyance.

Have noticed since taking the drug that I have been very restless nights,

which prevented me from sleeping; worse in fore part of night.

Have had a dull, heavy bearing-down in the hypogastric region all day.

Jan. 20. My courses came on January 17, with no pain. I would not have known I was having them had it not been for the flow; something that never happened before.

The flow came on at the regular time, but it was very scanty, not amounting to half what it usually does.

Without attempting to give the general sphere of action, we will content ourselves by drawing attention to a few of the characteristic points.

While Aletris produces a dullness and confusion, it does not lessen the rapidity of thought but weakens the power and energy of the mind.

The provers were continually saying, as long as I let my mind go off on pleasant subjects, skipping from one to another, I am all right, but have not the power or ambition to reason or think seriously on any subject.

We find its action is very marked on all points of the head, but particularly the occiput.

I wish to call attention to a few symptoms, which from their constant occurrence render them important.

First, the heaviness in the occiput which occurred in all the provings but one, and I believe is going to be a characteristic indication for Aletris.

Second, the sensation as if the temples were in a vice being squeezed together, which occurred several times in all the female provings.

Soreness just inside the tip of the nose, which occurred three times should not be forgotten. The provings show an action on the throat and neck, but it does not give any definite idea more than the muscles and mucus membrane are more affected than the glands.

Although Aletris produces nausea, it is not marked. In one case, the nausea was much aggravated by the sight or thought of grease.

In another it was accompanied with a feeling as if the prover would faint, but the most characteristic symptom is nausea accompanied with an all-gone faint feeling in the abdomen on rising, relieved by eating.

These symptoms indicate not a primary, but a secondary and sympathetic affection of the stomach. It produces constipation and diarrhœa, the former being its primary and the latter its secondary action.

I wish to call attention to the small diameter of the constipated stool.

I examined several of them, and although they were a long time forming, and were hard, dry, and expelled with difficulty, they were very small, smaller than the average stool of health.

There are three symptoms when taken together should, according to the provings indicate Aletris.

First, a colic located principally in the lower part of the abdomen.

Second, this colic is partially relieved by passing wind per anum and completely by a diarrhœtic stool.

Third, the diarrhœtic stool is *very scanty* with a particularly bad odor.

Prover No. 3 had had hæmorrhoids for years, which caused him to suffer more or less every day. There was just pain enough at the time of stool to remind him of his complaint, but from one to two hours after, pain would begin and continue for three or four hours, and then disappear to be repeated at the next stool.

As the prover says, he had no pain after beginning to take the drug, neither has he experienced any at the time of writing, Jan. 21. There is no evidence of any action on the kidneys.

I analyzed the urine every day of all the provers and could find no special change.

The amount and specific gravity averaged about the same as when they were not under its influence. I think for the first twenty-four or forty-eight hours, it had a tendency to reduce the amount passed with a lower specific gravity, but after that time, I could find nothing that was worth mention-

ing. The provings have not developed a large variety of symptoms on the female generative organs, but the few are well marked and characteristic of some special action.

The leucorrhœa spoken of in proving No. 4 was chronic, but had been much worse for two months previous to the proving. The proving states it had entirely disappeared on the fourth day, nor has anything been seen at time of writing, Jan. 1.

Most of the symptoms that occurred in the hypogastric region with provers No. 4 and 6, have been experienced by them for years during their courses.

As is before stated after their proving neither of them would have known they were unwell had it not been for the flow.

Aletris produces a decided restlessness. I wish to call attention to proving No. 6., where there was a decided relief of the pain during motion.

Every prover complained more or less of sleeplessness, and they all agreed they could not get asleep the first part of the night, but would toss about in bed. At the same time their minds were shifting from one subject to another.

About midnight they would catch short naps which were interrupted by spells of the same restlessness, until towards morning when they could sleep undisturbed.

As there was more of the drug taken during the night, one might think that the reason why the prover slept better in the latter part was because the effect of the drug was exhausted. But when we consider that the same peculiar sleeplessness continued for days after discontinuing it, and was just the same whether one small dose was taken in the morning, or several large ones during the day, I think we can say it is the peculiarities of the drug. The symptoms I have mentioned as characteristic have impressed me as such, from their continual occurrence in the provings, but the true characteristic symptoms of a remedy are only

known when clinical experience has given it a definite place in therapeutics.

CASE.—A young lady, æt. 18, a native of England, came to this country in April, 1884.

A few days after her arrival she was unwell.

So far as she can recollect, there was nothing at this time different than during the same period in England.

At the regular time the next month she had a very slight discharge, which was the last that was seen when she consulted me, Oct. 22.

She had enjoyed better health in this country than in England. While there she was continually suffering from trifling ailments, but since she had been in America had not known what it was to be sick or have a pain, with exception of a headache.

This headache was not accompanied with any gastric derangements, it would come on about once or twice a month; would commence in the morning with a dull ache in the fore part of the head, but by noon it would all be settled down in the back of her head and neck, with such a weight in the occiput that she could hardly hold her head forward. She was a strong, buxom girl and declared she had never had a pain during her courses.

I prescribed several remedies with no effect, until Dec. 31, when I gave her Aletris tinct on No. 25 pills, ordering her to take six every four hours.

Jan. 6, 1885, she called on me saying that her menses had come on the day before, and was then doing well. I saw her again Jan. 18, when she told me they continued about the usual length of time, but were more profuse than ever before.

I did not know at the time I prescribed Aletris that it produced a lessening in the catamenial flow, or had ever produced a symptom on the female generative organs; in fact, I was skeptical whether it would or not.

I prescribed it on the symptoms of

the head with the gratifying results recorded above.

WRIST DROP FROM LEAD POISONING CURED BY ELECTRICITY.

BY

EDWIN DE BAUN, M.D.,

New York.

While at the Homœopathic Hospital on Ward's Island a very interesting case came under my supervision. It was that of a man who had been employed for years as a type-setter in a large newspaper office.

He related the occurrence of his trouble as follows: "One morning upon dressing myself, I noticed that my right wrist was very weak, with a tendency to drop down. I went to the office as usual, but could not compose with my accustomed speed. The trouble grew daily in severity until my wrist became perfectly helpless. I began the free use of liquor, with a view of preventing further progress in the disease, and in consequence I am perfectly run down in health."

It was discovered upon examination that both the flexors and extensors were involved, one as much as the other, and that paralysis was complete in wrist, hand and fingers. The parts were cold, very numb, and presented a blue appearance.

He was given internal medication for a long time, allowing each of the remedies laid down in the text books for this trouble a fair trial, but with no effect whatever. I made the suggestion that electricity be resorted to, which was accepted, and I was allowed to administer it. I used the galvanic current, at first very mild, the minimum number of cells being two, the maximum number being nine cells, commencing with two cells and increasing one cell a day until nine cells were reached, then decreased one cell a day until two cells were again reached, consuming in all fourteen days, there being fifteen minutes to each application, given twice a day, morning and evening.

The mode of applying the electricity was as follows: One pole of the battery was applied to the spine, in the neighborhood of the origin of the brachial plexus, and sometimes at the base of the skull; the other pole to the wrist and forearm, running it up and down, first one side of the forearm and then the other, occasionally changing the poles from positive to negative and vice versa.

On the first one or two applications he could find no change, but after a time the blueness began to disappear, the parts became less numb, and by the fourth day he could flex his fingers very slightly, and by the seventh day the hand was at its normal temperature.

From this on the movements became more marked, the muscles stronger, until by the fourteenth day he had regained normal movement and almost normal strength in hand, wrist and fingers.

I saw him one month later and he was again pursuing his trade.

It may be well to add here that no medicines were given during the electrical treatment.

This case was treated by medicine for almost four weeks before he came under my care, and the trouble first made its appearance about two weeks before coming to the hospital, making in all two months from the onset until he was dismissed cured.

A short time later another case came under my care. It was that of a man employed in the same capacity as the former who had been suffering from wrist-drop for five months. This case was likewise treated with all the remedies suitable for the trouble with no apparent result, the paralysis appearing more suddenly in the latter case, but, unlike the former, was only confined to the wrist, having free motion of his fingers.

The galvanic current was applied in the same manner as in the previous case, but with no effect, though a fair trial was given.

The faradic current was then resorted to, applying the electricity in

the same manner as the former, and after it was used for twenty days, his wrist was restored to its normal motion, remaining weak for a long time, but gradually grew stronger, until he now claims he can use one wrist with as great facility as the other. I saw this case three months later when he was again pursuing his former trade.

This shows the efficacy of electricity, in paralysis from lead poisoning, where medicines have totally failed, and further proves, that where the galvanic current cures in one case, it is absolutely without effect in another, proving it always advisable to give each current a fair trial.

PSEUDO-LEUCÆMIA.

BY

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Amsterdam.

Translated for the AMERICAN HOMŒOPATHIST, by
Prof. Lilienthal, M. D.)

The cases where similar anatomical changes in the organs to genuine leucæmia are found and where we still do not find the blood-changes characteristic to the latter, are considered as cases of Pseudo-leucæmia (Cohnheim), but we cannot narrow it down to strict limits, for pseudo-leucæmia may change into genuine leucæmia; furthermore the former stands also in connection with essential anæmia, especially with those cases, showing considerable enlargement of the spleen.

Pathologists distinguish a pseudo-leucæmia lienalis and lymphatica. Very often both forms are found in the same case. The first usually runs the course with the clinical picture of a severe anæmia splenita; the lymphatic pseudo-leucæmia (Hodgkins' disease, adenitis, progressive multiple glandular hypertrophy, lymphoma malignum) runs its course with more or less decided anæmia, with extensive swelling of the lymphatic glands with or without simultaneous enlargement of internal organs.

Whereas the coarser anatomical and especially the histological changes are

pretty nearly constant in pseudo-leucæmia and well-known, and the hyperplasia of the affected organs caused by the excessive proliferation of the lymph-cell, we find on the contrary the clinical features of pseudo-leucæmia inconstant and changing, more so than in any other disease.

Sometimes it is the general grave anæmia, which is most conspicuous, whereas the changes of the blood-making organs are insignificant. In some cases the hyperplasia of the lymphatic glands or the swelling of the spleen and liver—or both together—predominate, and the general anæmia stands in no proportion to the great swelling of these glands. In some cases the whole process runs its course without any or with very little fever and in other cases the fever is the cardinal symptom. Such remarkable changes in the clinical manifestations may be due partly to the different localization of the anatomical process, partly because the disease is not yet strictly limited. The lymphatic neoplasms, it is true, are especially found in the lymphatic glands, in the spleen and liver, but cases are recorded, where the neoplasma was found in the lungs, in the lymphatic apparatus of the intestinal canal, in the medulla of the bones, in the ovaries, in the supra-renal gland, etc.; according to Rosenstein even the spinal cord may become thus affected.

On account of the inconsistency of the complexion of clinical symptoms we offer the following cases. The first case is instructive, because it gives us the features of a tedious relapsing typhoid:

G. W., 25 years old, had smallpox in his youth, but otherwise well. June 1st, 1884, he complained of chilliness, some fever and nausea; dry cough, off and on colicky pains; excessive prostration. Enters hospital June 6th, looks pale, never had much flesh; no hereditary disposition to chest-troubles. Skin and mucous membranes very pale; skin dry; tongue dry and

coated; temp. 39; pulse soft, small, regular; resp. 32; thorax exquisitely paralytic, but no assymetry; normal percussion; by auscultation diffuse bloatedness of the bronchial mucous membrane; heart-sound weak, but clear; first sound at the apex and ostium pulmonale somewhat drawn; the dulness of the heart does not pass normal limits; no roseola; febrile urine without albumen; spleen greatly enlarged. Complains especially of tiredness, fever and loss of appetite.

June 17. For the last six days a febrile, feels better, defecation normal, wants to eat; size of spleen decreasing.

June 26. Patient feels well in every way; desires more substantial food.

June 28. Slight fever and malaise; spleen more swollen; anæmia more decided.

June 30. Temp. 38, evening 39; tongue coated; general apathy; no local symptoms, except bronchial catarrh; no diarrhœa, no ilio-cœcal pain.

July 6. No fever, patient feels better. Up to the 16th patient felt comparatively well, only pale and spleen remains enlarged. Desires and receives meat.

July 19. Since eating meat fever returns with malaise, chilliness, headache, no appetite.

July 26. Fever continues, temp. 39 to 40; sensorium free; apathy; tongue coated; no roseola; no diarrhœa, no appetite; bronchial catarrh.

Aug. 4. No fever any more, and receives fluid nourishment; spleen still swollen; red blood-corpuscles are somewhat pale; no increase of the number of white blood-corpuscles.

Aug. 17. Feels good and begs for solid meat. He receives 50 grammes of veal.

Aug. 20. Fever returns and now keeps on.

Sept. 1. Fever continues, temp. 1 to 1½, lower in the morning; two or three loose stools; ilio-cœcal region painful to pressure; bronchial catarrh; roseola dubious.

Sept. 10. Febris continua remit-

tens; severe apathy; high-graded anæmia; spleen enlarged; diarrhœa, dry cough with bronchial catarrh.

Sept. 14. No fever; gumboil which is lanced; urine contains large quantities of urobilin, no albumen.

Sept. 23. No fever; great anæmia; swelling of spleen increases.

Sept. 26. Increased temperature without any cause; urine very dark, no albumen, but considerable urobilin; œdema pedum.

Oct. 1. State the same; weakness of heart increases; pulse small, soft 128; great apathy; icterus.

Oct. 6. Icterus increasing; subnormal temperature; fuligo; tongue dry. Œdema pulmonum; death.

Autopsy. Muscles pale and atrophied; subcutaneous cellular tissue gone; no rigor mortis; mucous membrane icteric and anæmic; liver, weight 2480 gr., surface smooth and slightly icteric. Slicing it shows yellow color, acini easily seen; reaction with muriatic acid and fluorocyanide of potassium shows no free iron; gall-bladder empty. Spleen very large, max. length 25 ctm., max. breadth 15 ctm., max. thickness $7\frac{1}{2}$ ctm., weight 1570, corpuscle not thickened, pulp dark, scraping with knife gives only a little reddish fluid, tissue elastic; at the hilus swollen, soft, reddish lymphatic glands. Heart normal, only icteric. In the cavities small quantities of a clear lemon-colored fluid; lungs normal; kidneys normal. Retro-peritoneal and mesenteric glands very hyperæmic, swollen and firm. The glands at the upper segment of the thorax, the bronchial glands and those of the hilus pulmonum large, firm and full of blood. In the intestinal tract no swelling of Peyer's glands, no ulceration; intestinal catarrh, here and there amyloid degeneration. The anatomical diagnosis was: Pseudo-leucæmia, phthisis sanata, icterus catarrhalis.

Epicrisis. We had to deal here with several difficulties. Our first idea from the exquisitely phthisical habitus of the patient, the position of the thorax and the bronchitic manifesta-

tions hinted to a tuberculosis with amyloid degeneration. But the idea was soon discarded. The spontaneous disappearance of the fever, followed by reconvalescence might lead to a typhoid running an irregular course. The diminution of the splenic tumor, the returning well-feeling and the decided increase of the diuresis seemed to show reconvalescence. But the anæmia and the spleen swollen to a size as never seen in typhoid fever, led our attention to the blood-making organs. A hyperplasia of the peripheral lymph-glands could not be detected. The depression of the nose of the patient urged us on to repeated examination of the lymphatic glands.

The persisting tumor of the spleen necessitated great caution in nutrition and the patient received solid food only, after having been without fever for two weeks. But as the fever returned and the spleen kept on increasing with returning malaise the diagnosis of a typhoid relapse seemed clear; thus he passed through a second, third and fourth relapse, and finally succumbed with all the symptoms of an exhausted heart. The examination of the blood showed only moderate leucocytosis during the last day and anæmia splenica does not often show such a febrile course. Only the Autopsy revealed the pseudo-leucæmia. Though no residues of a typhoid were found, we ought to remember the rare cases of typhoids where the mesenteric glands are especially affected and the intestinal mucous membrane showed hardly any alteration. The spleen may be thrice its normal volume, the bronchial and peripheral lymphatic glands may be affected in the same manner, showing cellular infiltration with elements similar to lymph-bodies. It could be clinically easily understood, that four relapses of a typhoid fever and lasting four months must produce anæmia. Even then the differential diagnosis between typhoid and pseudo-leucæmia could not be so easily made out, especially as every mechanical irritation of the stomach caused a re-

crudescence of the fever. This fact must be taken in direct connection with the persistent swelling of the spleen, for typhus relapses are most frequent, where the tumor of the spleen remains also in the afebrile period. From the least cause or from no cause whatever, a relapse sets in. It seems as if from every mechanical or chemical irritation of the stomach and intestines—perhaps also by contraction of the spleen—the blood becomes freshly overloaded with toxic matter. Considering an infectious disease, this case supports strongly the suppositions of Cohnheim. The large quantity of urobilin in the urine proves the destruction of many red blood-globules and coincides with the grave anæmia and the swelling of the spleen.

It remains questionable why with such anatomical changes of the glandular and blood-making organs, which were so similar to leucæmia, the white blood-corpuscles showed no increase, nor why the peripheral lymphatic glands remained free from the lymphatic neoplastic formation.

In the literature we find only few observations showing the internal glands as the exclusive seat of lymphatic neoplasms. The most remarkable is the case mentioned by Birch-Hirschfeld: a hyperplasia of the mesenteric, portal and retroperitoneal glands, coming on during the convalescence from a typhoid fever. Because the small tumors in the abdomen could not be palpated, the disturbed convalescence and anæmia of the patient could not be explained during life. The patient died during the sixth week of convalescence. The process ran its course without fever in the first four weeks and then only a slight intermittens. Autopsy revealed residua of the abdominal typhus and hyperplasia of the abdominal glands.—*Berliner Klin. Wochenschrift* No. 1, 1885.

Dr. M. M. Eaton and wife have returned from their winter home in Jacksonville, Fla., greatly improved in health. The doctor will resume practice in Cincinnati.

ACUTE ATROPHIC SPINAL PARALYSIS.

BY

CLARENCE BARTLETT, M.D.

Philadelphia.

(Continued from page 42.)

In the diagnosis of this affection, careful attention to the electrical reaction of the affected muscles is necessary, as these, in conjunction with the mode of onset of the paralysis and the subsequent muscular atrophy, are the symptoms which are of the greatest diagnostic importance. Let us take an illustrative case, that of a child who is brought to the physician on account of its backwardness in learning to walk. The parents who are poor observers, give no history which aids in making a diagnosis.

Now slowness in learning to walk in children, may be symptomatic of several diseased conditions. It may be the result of either cerebral paralysis, rachitis, irritation from congenital phimosis, painful affections of the lower extremities, general malnutrition, infantile spinal palsy. When it exists as a result of the last named affection, marked muscular atrophy, absent or diminished tendon reflex, and the characteristic alterations in the electrical reactions point with certainty to the true origin of the trouble.

In the early stages of infantile paralysis, it may be necessary to distinguish it from the spastic hemiplegia of infancy. It is only when the spinal affection assumes the hemiplegic type, that difficulties in diagnosis may arise. Both diseases may be ushered in with convulsions, the cerebral disease nearly always, the spinal occasionally. In the former cases, the convulsions generally involve but one side of the body and on their cessation, that side is found paralyzed. The face is generally affected which is not the case excepting in rare instances, in the affection under consideration. The subsequent histories of the two affections

are dissimilar; in one, there is spastic rigidity of the paralyzed extremities, and perhaps epileptiform paroxysms and idiocy; in the other, atrophy of the paralyzed limbs and various deformities, but withal, complete preservation of the mental faculties.

Progressive muscular atrophy is the affection which is more frequently than any other, confounded with acute atrophic paralysis. The error usually made, is to mistake the atrophic stage of the last named malady for progressive muscular atrophy. The fact that I have seen this error committed by several well-known physicians is my excuse for annexing the following table, showing the diagnostic points of difference between the two diseases:

ACUTE ATROPHIC PARALYSIS.		PROGRESSIVE MUSCULAR ATROPHY.
Causes	Unknown	Heredity in some cases; in others exposure to wet and cold and excessive muscular exertion.
Patients	Mostly infants	Mostly adults.
Mode of onset.	Always acute.	Always chronic.
Paralysis and atrophy.	The paralysis appears first, and is followed at a later period by muscular atrophy.	The atrophy makes its appearance first and the loss of power in the affected limbs depends upon its extent.
Course of the atrophy.	Stationary or regressive.	Progressive.
Electrical reactions.	Reaction of degeneration.	Faradic and galvanic irritability altered according to the extent of the muscular atrophy.

In adults, *hysterical paraplegia* may, in some cases, present a strong similarity to acute spinal paralysis. This disorder may be rapid in its onset. The patient, generally a female, exhibits a marked hysterical temperament. The paralysis is generally associated with sensory disorders, such as anæsthesia, electro-muscular contractility and the tendon reflexes are normal.

Paralysis due to injury of the peripheral nervous system may occur in infants as a result of tight bandaging. In such cases it will be found that the paralysis is limited to muscles supplied by a single nerve trunk. Anæsthesia is present. Rapid recovery is the rule. If the injury to the nerve trunk be severe, the reaction of degeneration will be present.

Hæmatomyelia or apoplexy of the spinal cord gives rise to a suddenly appearing paralysis which may be followed by atrophy of the muscles, diminution or abolition of both superficial and deep reflexes, and the reaction of degeneration. In this disease, however, the loss of power appears much more suddenly than it does in acute spinal paralysis; in fact, it is of instantaneous occurrence. The premonitory symptoms, such as fever, etc., are absent. There is usually involvement of the sphincters, and bed sores are frequently present.

Acute central or transverse myelitis and the spasmodic spinal paralysis of children ought not to be confused with atrophic spinal paralysis. In the first named affection, there are anæsthesia, bed-sores and increased excitability of the reflexes without the subsequent muscular atrophy. The second affection is chronic in its course and the paralysis is associated with marked rigidity of the affected muscles. There is no muscular atrophy.

Prognosis.—So far as life is concerned, the prognosis of acute spinal paralysis is favorable, death occurring only in rare instances. A suggestion has been made, but whether or not it has been confirmed by post-mortem examinations I do not know, that certain cases of sudden death during infancy were due to extension of the spinal disease in question, to the medulla oblongata. The prognosis as regards the restoration of motor power in the paralyzed limbs, is not so favorable. In nearly all cases, there is some improvement. All muscles in a given case may not improve to the same degree, some remaining perfectly useless while the function of others is restored. Careful examination of the faradic irritability of the affected muscles, is a great aid in the formation of a correct prognosis. In general, it may be stated, that those muscles in which failure to react to faradism, is noted during the first week, make an incom-

plete recovery, while in those in which it is preserved until after the end of the second week, restoration of function is more or less complete according to the degree of impairment of faradic irritability.

Pathology.—Death being an exceptional result in the early stages of acute spinal paralysis, post-mortem examinations showing the condition of the spinal cord at that period, are rare. For a long time it was believed that the primary lesion of this disease resided in the muscles. It was Heine who first discovered that in the change in the anterior bones of gray matter of the cord, consisted the pathological foundation of the disorder. These changes are briefly as follows: Examinations of the cord made within a few months after the appearance of the paralysis, disclose a more or less diffuse inflammatory softening in the anterior gray horns, and especially is this marked in the lumbar and cervical enlargement of the cord. The majority of the large multipolar ganglion cells of the anterior horns, have disappeared while those remaining are more or less atrophied. The nerve fibres and axis cylinders have also been destroyed. The antero-lateral columns, as a rule, will be found normal, although occasionally they may be slightly sclerosed. The anterior nerve roots are atrophied. The above mentioned changes are not to be discerned by the naked eye, but are observable only with the assistance of the microscope. In cases of long standing, the changes in the spinal cord may be seen by the unaided eye. Then there is seen to be a shrivelling of the anterior horns, perhaps of the antero-lateral columns. Under the microscope, these areas of degeneration are found to be rich in connective tissue, while the ganglion cells and nerve fibres are destroyed. Slight sclerosis of the antero-lateral columns will be observed. This affection of the antero-lateral columns probably explains a phenomenon of this disease, with which I have

several times met, namely, that frequently, the tendon-reflex after its restoration is much more vigorous and more readily excited than in health.

(To be continued.)

THE CAUSE OF PERI-UTERINE CELLULITIS.

BY

PHIL. PORTER, M. D.

Detroit.

The majority of the cases of peri-uterine cellulitis are the result of abortion, parturition, the consequence of some traumatic injury, from an operation, or an accident to the cervix, like laceration of the cervix uteri, instrumental delivery, rupture of the perineum, or rough manipulation when version has been resorted to, direct injury from pessaries, caustics applied to the cervix uteri, and last but by no means least, constant coition when dyspareunia exists. One peculiarity of this disease is that it is more often present in the primiparæ than the multiparæ, due to protracted labor and its consequences. One of the causes given why the disease is more prevalent on the left side is, we think, explained, purely upon physiological facts, for it is well known that during normal labor while the child's head is in the first presentation, the occiput is directed to the left side of the pelvis, bruising these tissues more than on the right side. Another parturient fact demonstrates that the women who nurse their children are less liable to an attack of this disease; also "getting up" too soon after delivery is a very frequent cause. Another prevalent cause and yet overlooked or neglected, is, the faulty construction of water closets and privies. We cannot insist upon a closer attention to this important part of hygiene too forcibly. If the pathology of the graveyards were known, how often could we trace death to this neglected sanitary part of a woman's life. Can you wonder at constipation, when these tender

creatures, placed in our care by the Creator, are left to Nature's rough elements? Can we expect a woman to occupy a cold, roughly made and often rudely exposed closet, until she is actually forced to? No, it is to this one fact we must look for a solution of many of woman's ills. Too often are these places poorly constructed, subjecting the occupant to draught and colds. How little consideration is shown by people in locating out-houses at the extreme rear end of the lot, or some distance from the house with only a narrow foot path, through the wet grass and snow, compelling the woman to trail her skirts and often wetting her stockings and feet, to remain in this condition exposed to cold wind for some time. It requires but little effort to draw upon the imagination to fancy what will be the result of a woman up from the parturient bed, or during the period of menstruation, to attend to the calls of nature in such an uninviting place. Will our American people ever appreciate the necessity of comfortable closets? How often do you see in the country the above picture, (with a barrel of corn-cobs added.)

Another cause which, owing to its nature, is often entirely overlooked by the attending physician, is coition too soon after a woman has aborted or been confined; also the use of cold water injections to prevent conception. One lady whom we had treated acknowledged that she had broken the ice in a pitcher to obtain water to use after sexual intercourse.

The use of tents or intra-uterine stems are also among the more exciting causes.

Malignant diseases of the uterus, or of the rectum, may also be sufficient to set up cellulitis.

Aran believes that this disease is almost due to diseases of the ovaries, but in this we cannot agree with him, and yet we have often found women with irritable ovaries much more susceptible to cellular troubles than those who are not so afflicted. Direct injury is, we believe, as common a

cause in nonpuerperal cases as others that have been mentioned.

In regard to the fact of peri-uterine cellulitis being an idiopathic affection, we believe the evidence will show that it is secondary to acute inflammation of the uterus or ovaries, whether traumatic or otherwise.

SUPPURATIVE KERATITIS.

BY

W. S. GEE, M.D.,

Hyde Park, Ill.

The patient was a man aged forty-two, of a scrofulous temperament, shriveled skin, large, bony frame, but thin in flesh. He has had a recurrence of keratitis in the left eye about once a year for several years. The recovery has been tardy, but satisfactory in the end.

December 1, 1883, while training some horses, he was taken with a severe cold, and as before, the left eye was the seat of the most discomfort.

From December 1 to 9, his usual remedies were used without the aid before experienced. Finding the disease was progressing, he decided to seek another means of relief.

December 9.—Found the patient in a dark room in bed, with a temperature of 101° and pulse to correspond. He complained of pain in both eyes, much aggravated by the admission of light.

In the left eye there was intense conjunctival congestion, pupil moderately contracted, and the cornea presented a dull, hazy, milky appearance throughout.

In the left upper quadrant there were unmistakable evidences of an impending abscess of the cornea. The pain, photophobia and lachrymation were very marked symptoms. The bowels were very much disturbed by a loose, watery diarrhœa, with some pain in the abdomen accompanying the evacuations. No appetite, but thirsty, and disposed to be fretful and disagreeable. He com

plained most of prostration. Being under the torture of a set of teeth ill-fitting, he found a marked relief from removing the plate, and a marked aggravation at subsequent attempts to use them. Bell. 30x was given and two drops of a two-grain solution of atropine ordered dropped into the eye every three hours.

Hot compresses applied and changed as they cooled. The companion eye was sealed to protect it from light and the danger of infection.

In the evening the pain was less and the companion eye very comfortable.

The same treatment was continued.

December 10.—The right eye was free from pain and there was much less photophobia, but it was still protected.

The pupil of the left eye was partially dilated and felt much relieved. The diarrhoea was slightly better, but there was still some pain accompanying. The patient had no appetite and the prostration was quite marked. He was restless and thirsty. Ars. was given and the applications kept up as before.

There was a gradual diminution of the symptoms until the 21st, when the patient reported at the office. The eye had been carefully guarded from the light by the protective bandage. There was on this date a purulent discharge, and the abscess was found to be much further developed, as the destructive process seemed more concentrated and threatened to burst through anteriorly. The patient was very despondent, and fearful that he would lose his eye, although before this time he had evinced no concern as to the result. He complained of pressure about the root of the nose. Aur. met. internally, and atropine in the eye once a day after he was able to leave his bed.

22d.—Much the same. No change of treatment.

23d.—Patient even more despondent. Feared he would lose the eye. Could not sleep on account of the

nervous tension it occasioned. Had pictured out the worst phase and brooded over it. The abscess was even more threatening. Noticed that *when the eye was exposed to the open air it felt much better.* He had noticed this before, but did not speak of it until it was called to his attention. Puls. 30, and atropine omitted. The bandage was applied to exert more pressure than before that it might delay the bursting of the abscess. A two-grain solution of eserine was prepared and in readiness for use if at the next visit the condition of the eye was not improved. This was to contract the pupil and prevent an anterior staphyloma if imminent, although this would not have been probable unless a larger portion of the cornea was involved.

24th.—The patient came in and showed by his expression that he felt as he said, "like a new man," although he knew nothing objectively of the condition of the eye. He had slept well all night, and had an appetite for breakfast. The abscess which on the previous visit seemed as large as a No. 30 pellet, was about half that size at this visit. The change was truly wonderful, marvelous! An abscess of the cornea averted when the covering was scarcely visible! That by an internal remedy in the thirtieth potency, for to what else can we ascribe this change? The hazy, milky appearance of the surrounding parts of the cornea had in a great measure disappeared. The patient was now hopeful: the dull heavy pressure about the root of the nose had left him, and he felt free and comparatively happy. Continued the remedy with Sac. Lac. part of the time.

Nothing further of special interest interrupted the restoration, and one month later he was discharged with but a slight opacity remaining. He has since had further evidence of the scrofulous character of his constitutional composition in caries of the superior maxillary, but no further trouble with the eye.—*Clinique.*

THE
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Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, *unless endorsed in our editorials.*

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EDITORIAL.

Noblesse oblige, our privilege compels us; we professional men must serve the world, not, like the handicraftsman, for a price accurately representing the work done, but as those who deal with infinite values, and confer benefits as freely and nobly as nature.—
EDWARD EVERETT HALE.

Dr. Richard Hughes, in a letter just received, announces that the first volume of the revised *Materia Medica* will be issued about the middle of March. We may hope, therefore, to give a review thereof in our next issue. The advent of this work will create doubtless much discussion, both favorable and otherwise.

* * *

The *Medical Record* having contained a report of a doctor who lost three eyes by panophthalmitis, a secular contemporary regrets the cir-

cumstance owing to the extreme rarity of three-eyed doctors. In view of the fact that this was probably the only specimen living, it regards the loss as a public calamity. It, however, failed to note that the report did not state that the doctor lost *all* of his eyes, and therefore, there is good reason to believe that he may have had several more. It is not well to be hypercritical.

* * *

Have you ever noticed cases in which a patient's gratitude was one of the most marked symptoms of his disease? Of course you have. When the fever ranges high, and the thermometric indicator mounts up to 103° or 104°, gratitude is fervent, but it strangely cools off as convalescence proceeds, and, with return of vigor, disappears out of sight. The wise physician notes the symptom and promptly prescribes the similitum, but the foolish one lets his bill run to the end of the year—and gets left.

* * *

A mournful instance of medical incapacity is shown in the case of General Grant. Here is a case of epithelioma of the squamous variety, of very limited extent and, so far, of very limited malignancy. The gentlemen more or less closely affiliated in its treatment are Fordyce Barker, J. H. Douglas, Henry B. Sands, Geo. F. Shrady, Thos. E. Satterthwaite, and Geo. R. Elliott. They are described as "the eminent gentlemen in charge of the case;" and the adjective is certainly well-merited by at least four of them. The height of their ambition seems to be to save their distinguished patient—from

pain. A laudable purpose, but is it not an immense waste of brain-force, to concentrate so much of professional eminence on so simple a problem? There does not seem to be a thought of cure. Prof. Barker says: "That little had been done, and little could be done." This little consists of hot saline gargles (one-half per-cent.), solution of cocaine spray (four per-cent.) grain doses of Codeine as a general anodyne, and other sedatives, alternating with stimulants, on the failure to secure repose. Not one iota of actual treatment. This magnificent playing at doctoring would be a superb example of "the how not to do it," so graphically described by Dickens in his narrative of the Barnacle family, were it not for the dreadful crime which it so deftly conceals. If it be criminal for some ignorant devotee of the "Faith-Cure" to allow little children to die for lack of treatment and decent nursing, if it be criminal for a peripatetic "cancer doctor" to hold out inducements to prospective victims that he cannot fulfill, if it be criminal to tamper with a life yet unborn, is it less criminal to sacrifice a valuable life to such masterly inactivity? Unlike the case of General Garfield there is no room for an error of diagnosis. Nature has been very kind to the "eminent" gentlemen. She has located the malady, as it were, right under their professional nose, and they have seen it fructify from an obscure and undefined patch to its present proportions, where they can snip out pieces the size of a pea "without discomfort to the patient." The microscopical examination has been most thorough, and after an exhaustive study of every

detail the significance of the appearances thus revealed have been balanced to a nicety. It would seem as if nothing had been left undone to relieve the anxiety of the medical world as to the exact pathognomonic condition of the illustrious patient, and nothing now remains but the autopsy. General Washington was murdered by his medical attendants; but at least they were heroically—too heroically—endeavoring to extinguish the disease. Their brutality was of the active sort, and in purpose commendable though disastrous in result. General Garfield was maltreated for months under an error of diagnosis, and at last escaped beyond the reach of his eminent torturers. Here, also, there was much medical heroism and activity displayed; albeit misdirected. Other illustrious patients have suffered from eminence in the profession; but General Grant seems reserved as a shining example of cold-blooded expectancy. To him the little group of eminence have nothing to offer but a diagnosis. For him they propose no relief but in the grave. Ignoring the only source of therapeutic salvation, they gather round his bedside to observe his unaided struggle. The fiat has gone forth that nothing can be done; and nothing will be permitted to be done. Those who question such a decision are quacks and cranks; but who ought not to be proud of such a designation from such a source. Scholarly, refined, cultured, earnest gentlemen as they are, of what avail are all these good qualities in the presence of such therapeutic bankruptcy. Like another eminent personage, in this city, who six years ago was dying of gangrene of the lung, and who had

been consigned by an eminent medical coterie "into the hands of God," but to whom the proper homœopathic remedy (*Eucalyptus*) brought salvation; so General Grant under proper treatment doubtless might have been saved. On the contrary, while so-called scientific medicine is to the fore, well may the daily papers announce in startling head-lines—"A bad day for General Grant"—seven doctors in consultation!

* * *

The following medical fable, illustrating consultations, is reproduced from the *Boston Medical and Surgical Journal*. Perhaps some of our readers will recognize the portraits:

"A flock of crows were much alarmed one day at the sight of a strange object in the midst of a field upon which they customarily fed. They at once called upon an Old Crow who practiced his profession in those parts, and who made a specialty of corns, to give his opinion about the matter. The Crow, having examined the object, shook his head, and said that it was a serious case, and that it was lucky he had been summoned so soon, though he should have been called earlier, and he would like the advice of his friend, the Owl, who had had the benefit of travel abroad, and who was particularly skillful in cases which called for the Steady Use of the Eyes. He would also like to have the Frog, who was spending his summer vacation by a neighboring pool, and who had a wide reputation for his physiological knowledge, to see the case. The Crow, the Owl and the Frog met, and having studied the object at a suitable distance withdrew to the shade of

a High Wall in order to deliberate. The Frog first opened his mouth, and observed that it was a nice Case, which reminded him of a very curious experience that he had had with a piece of Red Flannel two summers before, when he received a very severe contusion upon the centre of Goltz. After telling all about this very apposite event, the Owl observed that such cases were extremely rare. He had, however, had two very much like them, the details of which he had forgotten. He then related some very humorous obstetrical stories, which much amused the Crow.

Having received these opinions, the Crow thanked his colleagues for the valuable light they had furnished. He had himself been at first disposed to think the trouble a case of *Terror Corvorum*, or Scare-Crow; but the advice given reminded him now that that the appearance in the cornfield exactly resembled a doctor whom he occasionally met, and who, after practicing medicine for forty years, was at present trying to live on what he had saved.

This diagnosis was finally agreed upon, and reported to the anxious Crows outside, who were much relieved.

MORAL.—This story shows the profit that is got from consultation, and the lucrative nature of the practice of medicine.

THE TALK OF THE DAY.

In a conversation the other day with an allopathic physician, he expressed himself as strongly in favor of the State examination of medical students for graduation, basing his argument on the ground that the profession was over-crowded and that any

thing that would tend to discourage those seeking to enter the profession would be a benefit to the community at large. That competition, particularly in the cities, had become so great that all kind of devices were resorted to obtain practice and that the moral tone of the profession was lowered in consequence.

For those who are driven out by this competition—the struggle for survival—the Argentine Republic of South America offers a veritable El Dorado, where all medical men are said to be making fortunes, and there is still room for more. In that happy land bills are never disputed and fees for professional services that would make the hair of denizens of this less favored land rival in erectness the quills “upon the fretful porcupine” are paid without demur. For a normal confinement the usual charge is \$100, while if there are any complications the fees are \$500 and upward, while for the amputation of an arm the fee is \$3,000 and \$2,000 apiece for two assistants, and for an ovariectomy \$6,000 is charged. The dark side of the picture is the State examination that one must pass before he can practice and the necessity of understanding and speaking the Spanish language.

Some recent decisions on medico-legal questions, if generally carried out, must tend strongly to the elimination of the incompetent and careless practitioner. A few years ago it was held to be all-sufficient if the physician did the best he knew. But by the light of recent decisions he must be *au courant* with the progress of medical science. In a case recently reported, where a physician used the old method of treating wounds, instead of the modern antiseptic dressings and the patient died under circumstances making it probable that if a different treatment had been adopted his life would have been saved, the physician was sued for malpractice and convicted, the Court

holding that “Every practitioner should keep himself informed in the accomplished progress of science and have an exact knowledge of modern systems of treatment.”

A recent number of the *Medical Times* suggests as a pertinent subject for inquiry, “the study of the exact conditions which make cerebration more facile and efficient at one time than another.” The higher the type of work the more it is subject to moods and humors. There are times when brain work can be done with ease and scarcely any sense of fatigue, even when circumstances seem most unpropitious and others when not in the mood it becomes almost impossible. Has this mood a physical basis, and is it affected by states of the brain, or of the blood supply? “Under the conditions of modern civilization how to maintain the brain at its highest point of efficiency compatible with its normal nutrition is one of the most important that could be discussed.”

Recent investigations of the comma bacillus by competent observers, tend to discredit the statement of Koch that it is the *materies morbi* of epidemic cholera. It has also been found to punctuate other substances as well, among them nitro-glycerine. But perhaps this accounts for the recent epidemic of dynamite explosions.

B. F. UNDERWOOD, M. D.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

The regular monthly meeting of the Homœopathic Medical Society of the County of New York, was held February 11, at the Ophthalmic Hospital. The meeting was called to order at 8.15 P. M. President Geo. M. Dillow in the Chair. There were present thirty-seven members.

The minutes of the preceding meeting were read and approved.

Dr. Moffat then read a paper on

"The Relation between Antagonistic and Complimentary Homœopathic Remedies," which will be found, with the discussion which it elicited, on page 100 *et seq.*

The discussion upon Dr. Moffat's paper being closed, Dr. St. Clair Smith then read a paper on "*Equisetum hyemale*." This paper not being in shape for printing, it is of necessity omitted.

DR. DOUGHTY: I have used this drug more or less extensively. I have used only the decoction, the tincture and the first trituration. Sometimes I think I have seen some effect from it, but on the whole, the drug has disappointed me very much. Dr. Smith says it is because I have not used it in the right potency; so I am now using it in the thirtieth. My experience has been much the same with *triticum*, so much valued by Sir Henry Thompson. I have employed it just as he advises and have been greatly disappointed in the results. The same will apply to the *uva ursi*, so much lauded by the late Prof. Gross.

My prescribing must be defective, for I certainly do not obtain the good effects I am led to expect from the writings of these gentlemen.

DR. ALLEN: I have used *Equisetum* in the thirtieth in a great number of cases of irritability of the bladder, when there was pain through the hips and thighs, with almost uniform success. Pains in the hip running down to the knee, have been a guide to my use of the drug. I have not used the drug I think for cystitis.

There are two varieties of grass, both of which have been considered medicinal. *Solium* is found to be in this country quite harmless, but in England quite poisonous. The difference has been found to be due to the fact that the climate in England is so damp that a fungus is formed, which gives rise to poisonous effects.

DR. HELMUTH: Are there two varieties of *triticum*?

DR. ALLEN: Yes.

DR. HELMUTH: In reference to

the use of *triticum* as a tea, I have found good results in that variety of the retention of urine in very old people from enlarged prostate, where there is a great deal of trouble in voiding the urine. It has a tendency to relieve the patient very much. Where there is any inflammatory stage, any acute stage, I have not seen any benefit in its use.

DR. DANFORTH: I have prescribed *Equisetum* in that very annoying and obstinate affection of children *enuresis nocturna*, and I must say without satisfactory results. It is recommended in those cases which have continued a long time, and where the *enuresis* may be supposed to be due to habit, after removal of the primary cause. I doubt if that is a correct distinction, and if wetting the bed ever becomes a mere habit; but so the therapeutic indications are stated in our text-books, and I have given the remedy, when other remedies failed, and as a last resort. I cannot recollect a cure from its use. The drug has been administered by me in the tincture and low dilutions. Since we are comparing remedies for cystitis, I would like to call your attention to *Populus*, (white poplar) as a valuable remedy for this disease. I have seen excellent results from its use in ten or fifteen drop doses of the tincture, repeated four times a day.

DR. WAIT: Some years ago I had several troublesome cases of incontinence of urine in children, and was advised by Dr. Stanton, of Newport, to try *Equisetum*, which I did, giving it a faithful trial, but do not recollect a case where good results were obtained. I used only the tincture and have no experience with the dilutions.

DR. S. LILIENTHAL: I have used it in cases of *enuresis* and have never seen any benefit from it.

To a question of the President, asking if the characteristic head symptoms of *equisetum* were present in those cases in which he had so much success? Dr. Allen replied that they were not marked.

DR. SMITH: "An old gentleman was troubled so much with incontinence that he could not hold his water. I gave the tea and the next day he was almost cured. Servant girls and country people use this equisetum very much and I have seen many cures from it. I took the remedy myself and had all the symptoms. I cannot understand how it is that a drug which produced such marked symptoms can have no good effect.

The Secretary read a letter of resignation from Dr. James B. Gilbert, of No. 23 W. 37th street, and moved that the same be laid on the table, as Dr. Gilbert had not paid his dues for the present year.

DR. ALLEN: Would it not be well to write him that the only reason we cannot accept his resignation is on account of his dues? I move that a courteous notice be sent to him, informing him that he is still in arrears.

This motion was seconded and carried.

The hour being so late the reading of Dr. J. E. Lilienthal's paper was postponed. The Society then adjourned at ten-thirty.

ABSTRACTS.

NITRO-GLYCERINE IN EPILEPSY.—

Dr. F. W. Campbell, in the *Canada Med. Record*, says: that, while none of the patients whom he had treated with this remedy have been entirely cured, all have been relieved, and attacks became milder and fewer. The dose he usually employs is one drop of a one-per-cent. solution three times a day.

EXCISION OF PORTIONS OF TENDONS OF PARTIALLY PARALYZED MUSCLES.—Mr. Noble Smith, in the *Brit. Med. Jour.*, writes, that in several cases where a muscle has been quite useless from partial paralysis, and where the foot has been cold and flaccid, he has found that simple subcutaneous section of a tendon has had the effect of rapidly increasing

the warmth of the foot, and of so improving the nutritive condition of the muscle, that its functions have been restored.

CHANGES IN THE BLOOD CORPUSCLES BY MALARIA.—Before the late International Medical Congress, Professor Tommassi-Crudelli (Rome) gave an interesting microscopical demonstration of the changes in the red corpuscles effected by the action of the malaria-ferment. The process was traced from the first appearance of the ferment in isolated round spots on the corpuscle, through its gradual multiplication, the consequent development of pigment in the cells, and their gradual disintegration. The series of preparations was closed by one in which a vessel was seen occluded by the *débris* of the red cells. —*Med. and Surg. Rep.*

DENUTRITION OF FEVER PATIENTS.

—Dr. Semnola finds the following mixture to be a valuable remedy in the denutrition of fever patients: Pure glycerine 30, citric acid 2, and distilled water 500 grams—one or two tablespoonfuls every hour. Glycerine, which is an economizing agent, and a succedaneum of cod-liver oil, may, according to M. Semnola, be employed with great advantage in the treatment of fevers of prolonged duration, such as typhoid, in order to diminish febrile consumption, its employment being especially indicated when there is reason to fear that alcohol, employed so much at the present time, may cause excitement of the nervous centers capable of aggravating the disease.

A PENHOLDER IN THE BLADDER.

—Prof. A. L. Clark reports the following unique case to the *Chicago Medical Times*:

A girl, fifteen years of age, entered my office one evening, complaining that "it hurt her to pass water." To my questions, she replied in effect that the trouble had come on suddenly, not gradually; that there was no

discharge from the genitals, no tenderness of the parts, and that *she knew of no cause*. She had never had any trouble of the kind before. I prescribed a demulcent diuretic, and in two days she returned saying she "was not a bit better." She had to pass water frequently, in small quantity and always with pain. As will be seen further on, much reliance cannot be placed upon these statements, and as a rule in affections of the female genital organ the practitioner should be his own judge of the truthfulness and value of the related symptoms. Again another demulcent diuretic was prescribed and again my patient appeared before me "no better." I thought of course of gonorrhœa, of a calculus in the bladder or urethra, though my patient assured me the flow was free and without seeming impediment to its close, and finally decided that an examination should be made. Inspection revealed nothing abnormal, no discharge, redness, or sensitiveness about the urethra. Introducing an ordinary uterine sound, I traversed the bladder, as I thought, quite thoroughly and found nothing. I felt beat, thought of slate pencils, hair pins and various other articles which I had heard of being found in the bladder, but as I failed to find anything, felt non-plus-ed, the more so, too, as all knowledge of what could have caused the trouble was denied again and again. Another prescription followed, and I saw no more of my patient for six weeks, when she returned, saying that she was much better but had still some trouble. While trying to surmise what the matter could be, she said, "I think it's crosswise." What? I asked. "The *pen*, I think it's crosswise." Here was light. Again I introduced my sound and finally as she had suggested, I found the offender "crosswise," directly behind the upper portion of the pubic arch, and so close to it that my previous search had overlooked it. Here was my first mistake, my investigation should have been more thorough. She then in-

formed me that it had been there over three months. I did not ask her how it got there, as I supposed her answer would make me no wiser. She said it was the brass handle of a steel pen. Being busy at the time, I directed her to call the next evening, and having secured the services of a medical friend to administer the anæsthetic, I at once proceeded to rapidly dilate the urethra. In five minutes I could introduce the little finger, but could not, with any degree of force I thought it prudent to use, dislodge, or in the least, start the pen-handle from its position.

Supposing it to be simply the *handle* with one end open, and possessing considerable penetrating power, and understanding that it had been over three months imprisoned, I feared that it might have become imbedded in the bladder to an extent that forcibly dislodging it might injure that organ.

And here I saw my second mistake, in not attempting to move it while the bladder was distended with urine. The urethra was too well dilated to make it practicable to pump the bladder full of warm water, so the proceeding was abandoned, and the patient instructed to come again in two or three evenings with a full bladder. This time, the bladder being distended, no serious trouble was experienced in moving the penhandle to a position nearly corresponding to the longitudinal axis of the bladder. The urethra was again dilated, and with the point of my second bent to nearly a right angle and a finger in the vagina, I very soon had the satisfaction of seeing the penhandle appear at the urethra and slide out. It was the complete apparatus, with the piece bearing the pen properly closed, and thus making both ends smooth, and measured in length four and one-quarter inches. A slight calculous incrustation had begun near one end of the handle, the white plating was completely gone, leaving the brass fully exposed, the pen in its place badly rusted, but otherwise

it was as good as ever after its more than three months' bath.

Not the least unpleasant effect has followed to the patient. I may add that the patient informed her mother that she inadvertently *swallowed* the pen, a statement which I did not consider worth while to refute, but cautioned her not to try any more experiments with that portion of her anatomy.

The first point to be considered is, that we must be our own judges of the amount of credit to attach to the statements of patients in difficulties especially affecting the female genitalia.

Secondly, a very searching investigation may be necessary to discover even so large a substance as this in the bladder, as when the patient returned the last time and I *knew* something was in the bladder, it took me two or three minutes to again find it, so high up and far in front was its position. Third, with a full bladder, and before dilatation of the urethra, make sure of the movability of the foreign body.

DEATH FROM CHLORATE OF POTASSIUM.—A man, forty-nine years of age, by mistake took a teaspoonful of Chlorate of Potassium in water every two hours until he had taken, in thirty-six hours, nearly two ounces. Dr. Bohn found him in a condition of collapse, suffering greatly from pain in the stomach, with complete suppression of urine. Subsequently, sensations of numbness of the hands and feet caused him much distress and anxiety. In a period of twenty-four hours only about half an ounce of dark-colored urine could be obtained, containing blood-corpuscles and brownish tube-casts, and the presence of methemoglobin was shown with the spectroscope. The collapse increased, and death occurred in two days, preceded by jaundice.

The spleen, liver, and kidneys were brown in color; the uriniferous tubules were filled with brownish masses. The red-blood corpuscles

were changed in color and appearance. A similar appearance after diphtheria may be due to the remedy and not the disease. Dr. Bohn condemns the delivery of Chlorate of Potassium into unprofessional hands, or its common sale as a harmless remedy.—*Therapeutic Gazette*.

LITERATURE.

Those who admire solid work conscientiously carried to completion will receive much pleasure in the study of the various monographs, gathered into one volume, under the general title of *Materia Medica, Physiological and Applied*, the work of some of our English colleagues.* These essays have been in preparation for many years, and are in form and manner the best presentment of the topics they discuss that has been made, and in this respect leave little further to be desired. Had some uniform scheme of arrangement been fixed upon it would have been better. As it is each author presents his topic in his own way. Still we cannot but be deeply impressed with the fidelity and earnestness with which each has done his work, and cordially acknowledge the value of the result as models for all future endeavor.

These essays are: *Aconitum*, by Dr. Dudgeon; *Crotalus*, by Dr. Hayward; *Digitalis*, by Dr. Black; *Kali bichromicum*, by Dr. Drysdale; *Nux vomica*, by Dr. Black, and *Plumbum*, by Dr. Black. The death of Dr. Black, before these essays had passed through the press, necessitated that his part of the work should be edited by another hand, and this labor has fallen on Dr. Hughes. The Introduction, which is quite lengthy, and bears date of August, 1884, is signed by all these gentlemen, except, of course, Dr. Black. It sets forth that the first essential of a *materia medica* must be the complete description of the effects of drugs upon the healthy

* *Materia Medica: Physiological and Applied*. Vol. I. Svo., pp. 726. (London: Trübner & Co.)

body ; that such a description must be the source from which all rational use in disease is to be derived ; that advance in therapeutics depends upon increase in knowledge of the physiological action of drugs ; that disease is nothing but the pathogenetic effects of their causes ; that all drugs act by exalting, depressing, or modifying vital activity ; that all drugs have a specific seat of physiological and pathogenetic action ; that living matter possesses a corresponding susceptibility which enables it to react with the various stimuli to which it is exposed ; that this specificity of seat and quality of the physiological action of drugs was first recognized by Hahnemann, and that nothing has been added to his views in this respect down to the present time.

Dr. Dudgeon, in *Aconite*, gives the day-books and poisonings complete, followed by a condensed scheme, and a resumé of clinical experience. These are made accessible by individual indices, and a general index. The arrangement is very perfect and beyond criticism. Not so, however, Dr. Dudgeon's unhappy faculty of ignoring symptoms, which he does not consider reliable. In a work of this kind every symptom contributed by an intelligent observer is entitled to recognition. That symptoms have been omitted which are confirmed by unimpeached observers seems inexcusable in a work which presumes to be a standard. Dr. Hayward, in *Crotalus*, presents the subject in an admirable manner, and the clinical part is very full and instructive, but he also omits many symptoms, because "all scientific investigation appears to limit the divisibility of simple matter at from about the 12th to the 18th attenuations of the centesimal scale ; and of all organic matter from about the 9th to the 12th. It would, therefore, be unsafe, to say the least, to carry the attenuation of *Crotalus* venom beyond the 12th centesimal, and it would be unwise to carry it beyond the 9th." Nevertheless, he

quotes from the AMERICAN HOMŒOPATHIST that interesting case of Spasm of the Œsophagus reported by Prof. Burdick, cured by *Crotalus* 200. And nobody will doubt Dr. Burdick's probity or acumen. We saw this case with him several times—and *one* such case is worth a thousand theories on the divisibility of matter.

Digitalis, by Dr. Black, is rather emaculate : less than three hundred symptoms are given, while Allen gives nearly eleven hundred. But this is not so bad as the treatment of *Nuxvomica*, under which rubric many symptoms, all "warranted by Hahnemann himself," and "all * * * probably the effect of appreciable doses on the healthy subject," are ignored. Thus it will be seen how far below the standard set by our own Constantine Hering this work, with all its erudition, its evidence of labor, and its splendid possibilities, falls. As Hering pointed out, the only true *Materia Medica* will embrace *all* the day-books, *all* the symptoms arranged in schema form, *all* the clinical cases, of *all* the remedies. Evidently this is something which the learned gentlemen who have compiled this volume are unable to give us ; nor are we likely to get it from any source until in our societies there is a revival of faith in the power of remedies. The present tendency is toward "larger bottles and fewer of them," toward generalization and palliation, toward accepting what is "commendable in regular medicine," and away from that minute individualizing which characterized Hahnemann, and those who, in this country, made the name of Homœopathy honorable.

The theory of generation is enticing and important. It has often been solved—apparently ; but here is a new author and a new theory.*

* *Controlling the Sex in Generation. The Physical Law Influencing Sex in the Embryo of Man and Brute, and its Direction to produce Male and Female Offspring at will.*

He claims that the determination of the sex of offspring in all life lies in the separate physical conditions of the two parents. That in normal conditions of life these are so nearly balanced that trifling and temporary influences vibrate the scale either way, resulting in nearly equal numbers of both sexes in the offspring, with some tendency to an excess of males, as shown in the statistics, say in proportion 1,006 to each 900 females. That in the changed circumstances of refined social life, there is a growing tendency to throw these equal conditions out of their even balance to the side where female offspring result, in a proportion as great in some families as *two, three*, or more females to one male; by which the neighborhood average of girls born is increased to to 1,050 or more, to each 1,000 boys. What these physical conditions are the author sets forth and how they may be directed to produce either sex at will.

There are many interesting collateral subjects brought up in the book. An important one is the growing tendency to an increased proportion of deaths of boys in infancy, arising, as the author asserts, from the same unfavorable physical conditions as tend to produce female offspring. Several interesting tables of statistics are given to show this condition. And while there are clearly still more boys born than girls in the country at large, it is due to this last result, which by decreasing the boys leaves the women at a marriageable age so greatly in surplus. This work shows much thought, and is certainly plausible as accounting for many of the mysteries connected with reproduction in plants and animals.

Frederick Treves, of England, has given us a manual of great value on intussusception, volvulus, and other intestinal obstructions.* The subject matter is arranged in an orderly and

By Samuel Hough Terry, 12mo. pp. 211. (New York: Fowler & Wells Co.)

* *Intestinal Obstruction*. Its varieties, with their Pathology, Diagnosis and Treatment.

effective manner, and is worked out in a thorough and scholarly style, highly creditable to the author, and showing him to be an original thinker and a shrewd observer. We will confess to having read the work with much interest and a great deal of profit. He gives the symptoms of the various forms of obstruction with clearness, fullness, and precision, and thus makes the work of great value to the general practitioner, and will enable him to make an accurate diagnosis on rational grounds. In this respect his chapter on Errors in Diagnosis will be found especially instructive. The work is worth many times its cost to any physician, and while written especially as a manual for students, it will be found good reading by any one who seeks to keep abreast with the times.

Dr. Baldwin, of Englewood, N. J., has compiled a little manual of family practice,* which might safely be put into the hands of any intelligent person. The recommendation of remedies seems judicious, and as this is the second edition, the work has evidently met with approval in the class for which it was designed.

Prof. Farrington has edited a new edition of Hering's Condensed Materia Medica, and has, of course, done the work well.† The former (2nd) edition had seemed well nigh perfect. It had stood for years among that choice selection of works that have constituted our work-a-day library, ever at hand to solve a doubt or verify an indication. Its beautiful, clear pages have been a delight to

The Jacksonian Prize Essay of the Royal College of Surgeons, England, 1884. By Frederick Treves, F.R.C.S. 12mo, pp. 515. (Philadelphia: Henry C. Lea's Sons & Co.)

* *The Family Pocket Homœopathist*. A Concise Manual of Homœopathic Practice for Families and Travelers. By Dr. A. Baldwin, M.D. 16mo, pp. 160. (Rochester, N. Y.: E. Darrow & Co.)

† *Condensed Materia Medica*. By C. Hering. Third Edition. Revised, Enlarged, and Improved by E. A. Farrington, M.D. Royal 8vo, pp. 968. (Philadelphia: F. E. Boericke.)

the eye, and the value of its material has never been questioned. But Prof. Farrington has made minor improvements, and one or two major ones. The sections on "Relationships" have been, and wisely, much extended. This is an important department, and quite in Prof. Farrington's special line. More than twenty new remedies are added (some of which might have been just as well left out), and some six hundred well-attested symptoms are incorporated in the old text. A few typographical errors are said to have been corrected, but why was the pruning knife so soon withheld. *Abies canadensis* and *nigra*, two coniferous trees, are classed under *Compositæ*, the family of *Asters*, *Daisies*, and *Golden-rod*. *Lachnantes* looks odd. On page 797 is a brand new Natural Order, *Holygonaceæ* (holy Moses!) *Secale* is described as "*A Nosode* from the rye, called a *parasite*." How erudite! the only nose-ode from rye we wot of is a whiskey blossom. But if *Secale* is a "nosode" why is *Ustilago* "maidis fungi?" When did *Psorinum* become "The salt from a product of *Psora*?" How charming it is to know that the common name of *Pulsatilla* is *Wiesen Küchenschelle*; that *Rumex* is *Yellow duck*; that *Berberis* is *Bayberry*; that *Sarsaparilla* is from *South America*; and that *Trillium* is of the *Smilacææ*. These are minor errors, and detract in no way from the practical value of the work, but they ought not to be perpetrated in a *third* edition.

ITEMS.

The Century is the great monthly magazine of the day. Its immense circulation (about 200,000) is the measure of public esteem.

A sponge measuring eight feet in circumference has been taken off Key West, and is said to be the largest in the world. It is not so tall as many to be seen round beer saloons, but it absorbs more water.

His many friends will regret to learn of the death quite suddenly on Wednesday, March 19th, of Mr. Frederick A. Goodall, who has long been associated with the Chatterton Publishing Co.

Demorest's Monthly is by far the best magazine of its kind published. Its accomplished editor, Jennie June Croly, has just been re-elected president of *Sorosis*, a position she has held for nearly ten years.

The St. Nicholas Magazine is always fresh, beautiful, and delightful. It brings happiness to innumerable little hearts in every English-speaking quarter of the world, and is one of the best investments that can be made for a child.

A Treatise on Consumption and Wasting Diseases by G. Overend Drewry, M.D., is a valuable little work which cannot fail to impart information, it is sent free prepaid to any address upon application to Wm. F. Kidder & Co., New York.

The Homœopaths of Newburyport, Mass., are rejoicing in a victory they have gained over the "old school" in that place, where the Mayor has appointed and the Aldermen confirmed Dr. I. B. Bolton, a graduate of the Hahnemann College of Boston, as City Physician. He is the first homœopathist ever appointed to that office.

The value of *Platt's Chlorides* cannot be over-estimated. It has the advantage of being odorless, efficient, and harmless; three prime characteristics in a disinfectant. Having used it during the past six years in all manner of cases, and under the most trying circumstances, it is a great pleasure to the editor of the HOMŒOPATHIST to testify to its matchless worth.

Felix R. McManus, M.D., died on the 3d of March in the 78th year of his age.

On the evening of March 4th a meeting of the Homœopathic Physicians of Baltimore, Md., was held at the residence of Dr. M. Hammond (an early pupil of Dr. McManus) for the purpose of drafting resolutions relative to the death of Dr. Felix R. McManus. Dr. J. Lloyd Martin was called to the chair and Dr. Eldridge C. Price chosen secretary of the meeting. The committee on resolutions reported as follows:

Whereas, God in His wisdom has removed from our midst Dr. Felix R. McManus, the oldest practitioner and pioneer of Homœopathy in this State, therefore,

Resolved, That we, the Homœopathic Physicians of Baltimore, have heard with deep regret of the death of Dr. McManus, and desire to express our sense of the great loss sustained not only by the community in which he so long practiced, and which always found in him a skillful and sympathetic physician, but also by his confreres, to whom he was ever a wise and prudent counsellor.

Resolved, That we tender to his bereaved family our heartfelt sympathy in the great loss they have sustained.

THE AMERICAN HOMŒOPATHIST.

NEW YORK, MAY, 1885.

THE BREASTS AND THEIR MANAGEMENT.

BY

PROF. PHOEBE J. B. WAIT, M.D.,

New York.

The breasts are two lactiferous glands situated upon the anterior, superior part of the thorax, being symmetrically placed upon either side of the sternum and resting upon the pectoralis muscle, to which they are somewhat loosely attached.

Although remote from the pelvic organs they nevertheless constitute a most important factor of the female generative organs, giving by their firmness of texture, as well as by their fair and delicate appearance, a favorable report when the pelvic organs are in a proper condition; and noting with barometric fidelity both in their color and texture any deviations from the normal standard which may occur in the uterus and ovaries. No rational sign of pregnancy is more constant or more reliable than the darkened hue of the nipple and the scattered, but greatly enlarged papillæ upon its areola; while the extreme sensitiveness of the breasts in the non-pregnant woman as surely points to some menstrual disturbance, and darting pains through the breasts, or the distressing infra-mammary pain points with equal distinctness to uterine or ovarian disease or possibly both. The breasts are developed with the other generative organs at puberty, but their function, lactation, is not performed until stimulated by pregnancy and parturition, unless we accept as fact, without any definite knowledge, the assertion of certain French writers to the effect that the stimulus of suction alone is capable of inducing a flow of milk in a virgin breast or even in that of a man. While

the process of lactation is being carried on, the ovaries are frequently quiescent and vice versa; and it would appear from the study of comparative anatomy and physiology, that the laws which govern ovulation and lactation with such unerring regularity in the brute creation, must have applied with equal force to the human female, before the perversions incident to civilized life had disturbed the original harmonies of creation. After lactation has once been established, it may be uninterruptedly continued for an indefinite time provided the proper stimulus—*nursing*, be steadily kept up. A case of this kind once came under our observation where a widow whose husband died during the infancy of a child, nursed the child until it was *seventeen* years of age and only ceased with the death of the child. Very rarely milk will be observed in the breasts when *no* stimulus *has* been applied for long periods; we having met a few such cases where, after nursing one or two children in young womanhood, the breasts appeared to continue to secrete milk ever after until the menopause, though what the law is which governs such peculiarity would be difficult to determine. The marked susceptibility of the breasts during the lying-in period, renders them specially open to diseases of various kinds, notably, the formation of abscesses, which, to our mind, are so often preventable that their presence, in a large majority of cases, constitutes just grounds for criticism upon the person conducting the case. We are confident that the unwarrantable maltreatment, improperly called care, which the breasts of parturient women receive at the hands of doctors and nurses, gives rise to three-quarters if not four-fifths of all the mammary abscesses occurring in the practice of Obstetrics. Orthodox teachers describe three varieties of mammary abscess, according to location, as follows: the *sub-mammary*,

located between the gland and the pectoral muscle, although it may originate in the posterior part of the gland itself; the parenchymatous, located wholly within the gland, working dire mischief if not complete destruction to the gland; and lastly, the *supra-mammary* or superficial, which is located in the areola and fatty tissues upon the anterior surface of the gland. These occur with regard to frequency as follows: The sub-mammary very rarely, the parenchymatous more frequently, while the superficial are of such frequent occurrence that old nurses tire one with long histories of the numbers they have cared for, while doctors increase their income by fees obtained from such practice. In our judgment, so large a proportion of mastitis is either preventable or a direct result of negligence or bad management, that doctors should rather be fined for allowing it to occur, than feed for treating it. If it were left for us to name the varieties of mammary abscesses we would still give three classes, but, instead of naming them as to locality we would select the cause as follows: First, the *cachectic*, or that which is directly traceable to a predisposing diathesis, as scrofulous, cancerous, tuberculous, etc. Second, the *blood poison* abscess, which occurs as a consequence of purulent absorption from abraded or lacerated surfaces upon the genitals or from sore and ulcerated nipples; and third, the *traumatic*, which is a direct result of ignorantly and persistently rubbing and thereby bruising the breasts, while they are so highly susceptible as when assuming the lacteal function. The first or cachectic abscess may be looked for in women who have previously suffered from scrofulous troubles, especially inflamed and suppurating cervical or axillary glands, or possibly annual attacks of tonsillitis. Such women need to be kept under treatment during pregnancy, both for their own sake and that of their offspring, as therein lies the principle

chance of averting mastitis when parturition is reached.

Women will gladly consent to take remedies if once satisfied of their importance to themselves as well as to their child. Three or four antipysoric remedies generally make the list from which to select, and the properly chosen remedy given once or twice a week only, will return a thousand fold in benefit at the lying-in period.

The *blood poison* abscess may surprise us when we have felt that our case was progressing quite favorably. It occurs chiefly in young women after a first confinement, as almost without exception, in this class of cases some laceration happens, which, if overlooked or be not carefully managed, purulent absorption is likely to take place and its most frequent manifestation is a suppurative mastitis. A similar result is also often dependent upon ulcerated nipples. While the preventive treatment for the cachectic abscess must be chiefly ante-partum, that of the blood poison variety is wholly post-partum, and consists in absolute cleanliness coupled with a plentiful use of calendula. The genitalia should be thoroughly washed two or three times daily, for the first week or ten days after parturition with warm water and castile soap, after which the parts should be generously bathed with calendulated water in the proportion of one to ten. This seems to prevent ulceration, and promote healing better than any remedy which we have ever used, and in our hands no mammary abscess has followed when this treatment was carried out; while carbolic acid or Platt's chlorides, with all their boasted merit, can scarcely show so good a record. This then is a reminder in a small way of the duty of homœopaths to stick to their law, if so be that they believe in a law at all. The third variety or traumatic abscess will be met in all conditions of life, but chiefly in the middle and upper classes where meddlesome mothers or aunts feel called upon to keep

up a ceaseless round of care for the breasts, or where officious nurses assert their prerogative in similar ways. This "care" consists in all sorts of rubbing either with the hands alone, or in combination with salves, ointments, liniments and washes which of course aggravate the difficulties in proportion as their component elements are absorbed. Breast pumps and nipple shells come for a large share of mischief, until the wonder is, how any parturient woman, blessed with home and friends, escapes the agonies of mastitis rather than how *many* suffer. It is chiefly to utter a protest against the universally bad management of the breasts that we were led to prepare this paper, hoping that some, who are yet in the bonds of the old dispensation may be brought into the new light, far enough at least to try the *let alone* plan of treatment; which when once fairly tried will, we are confident, never be abandoned. Some ten years ago our attention was first called to the mischief wrought by rubbing and other artificial devices for clearing the breasts of milk. We were well aware that a bruise upon the breasts caused by the head or fist of an infant child had often resulted in injury; why might not the kneading and rubbing of the heavy hand of a nurse be equally mischievous? and since no device for pumping the breasts could at all compare with the gentle suction of the infant's mouth, might not all breast pumps be equally harmful, and if so, should not their use be abandoned? We observe that the female of the horse, the swine, the dog and the cat, among domestic animals, all the vast numbers of wild animals, and, it is stated by those acquainted among the Indians of this country as well as among African tribes, that even the *women* of savage and half civilized life know nothing of any devices for treating the mammæ when their young die at birth or when weaning their young; and yet not once in a thousand times perhaps does any trouble follow. Nature as-

sumes control and in her quiet and gentle ways soon restores the disturbed equilibrium. If then these classes, with all their adverse environment, can steer clear of that most distressing difficulty *without* treatment, why should not refined and delicate women be allowed an equally fair chance at the hands of physicians? True, the cow is not so fortunate as *some* of the domestic animals in always preserving the udder after casting her young, but the reason is, without doubt, traceable to the bad management of her owner, who through blind ignorance maltreats the already tender udder until it is so bruised that abscess, and perhaps the ruin of a valuable cow is the result; whereas, if left entirely to nature and the instincts of the creature, perfect restoration might have resulted. Reasoning upon such well known facts in comparative physiology we were led to *wonder* why every woman who was bearing a family should have been taught the necessity for owning a breast pump as a part of her motherly outfit, or if not owning one, for borrowing it from some neighbor for use when weaning the babies. After experimenting with many different kinds of breast pumps we decided that they were *all* injurious, producing in the end more harm than good, and therefore should not be used. Acting upon these convictions we began to cause weaning mothers to take the child from the breasts once and for all, cover the breasts warmly with old soft flannel or silk, taking care that while the clothing shall support, it shall not in any way press or hurt them, and then leave them entirely alone. The results in every case were good. For the first twenty-four hours the breasts are filling; during the second twenty-four they become more or less uncomfortable from their contents, and the patient experiences slight lassitude, with perhaps diminished appetite and increased thirst, but during the *third* twenty-four the breasts usually grow more comfortable, sometimes by dis-

charging themselves spontaneously and at others by a gradual recession, in which case two or three more days are required to restore them to a softened and natural condition. After giving this plan repeated trials upon weaning mothers with infants twelve and fourteen months old, an opportunity presented of trying it upon a young mother with a bountiful supply of milk, whose child died in its early months. Her heart was so torn with grief over the loss of her child that we confess to having felt a little hesitation lest the mental state might so effect the physical as to prevent favorable results. Fortunately our convictions gained the victory over our faltering courage, and when friends began to proffer the use of breast pumps, and, worse yet, to suggest getting a young puppy to keep down the milk, we no longer hesitated, but directed that the breasts be warmly covered and not touched again, which was strictly followed out with the most happy results.

It now only remained to try the plan upon a lying-in woman before formulating a definite rule, and we rather longed for the opportunity. This came at last in a fresh young German woman, mother of several children, who gave birth to a still child. I caused the breasts to be kept warmly covered while she remained in bed, and knowing the tendency of German mothers to an abundant flow of milk, added an application of glycerole of belladonna for the double purpose of keeping the skin soft and elastic and preventing, if possible, excessive lactation. No untoward symptoms appeared and the woman made an excellent recovery.

Again we questioned, Has this test been all that could be desired for the theory? Might not the causes which produced the death of the foetus have had some influence in preventing a normal quantity of milk? As this must remain merely speculative, we had only to wait for another opportunity, which occurred

in the following case: A young, healthy primiparous Irish woman was delivered of a well developed child. Presentation pelvic, footling variety, and before delivery could be effected, by reason of a spasm of the os, the child was asphyxiated from pressure on the cord and died. Complicating this case was an extensive laceration of the perineum, which had to be repaired. The secretion of milk was very abundant, and yet nothing whatever occurred to give a moment's anxiety over the breasts, which were softened and well long before she was out of bed.

These being exceptional cases we do not often have opportunities of applying this test in the lying-in chamber, but several other cases have occurred in my own practice, and at my suggestion others have tried it, so that I have seen it tried with German, Irish, American and colored women, and in every instance with perfect success. The nipples not being drawn upon are never sore, and there is no more of the milk fever present, indeed, I think there is less than when the child is nursed. In all cases the ovaries have assumed activity directly, as though emphasizing the natural law that the function of the breasts and ovaries shall be vicarious each to the other. In *weaning* mothers the menses have appeared promptly at the end of four weeks, while in lying-in women they have delayed only until strength was well established. In the light then of this experience—limited I grant, yet enough, we believe, to be convincing, we unhesitatingly recommend for any and every case where it becomes necessary to dry away the milk of a nursing or lying-in woman—*first*, that no suction be ever applied to the nipple; *second*, that no friction be ever used upon the breasts, but that the breasts be kept thoroughly warm by covering; and that no applications be used except glycerine alone, to keep the skin soft, or in combination with belladonna as an anti-lactiferous agent. Moreover we should go

further and assert that no suction should ever be applied to a nursing woman's breast except by the infant, as all mechanical devices do more harm than good, though dry heat and a properly selected remedy may sometimes become necessary. By following the suggestions imperfectly formulated in this paper, we believe we have succeeded in piloting many cases safely through dangerous shoals, where under the old regime they could hardly have escaped the terrible agonies of mastitis with all its train of evils. If any who listen to this paper be induced thereby to try a more benign and conservative plan of treatment upon our fellow women, they will deserve the gratitude of all women for preventing needless suffering; and, once having tested it, they will, we believe, never again fall back into the old way.

RESUME OF THE PROGRESS OF GYNÆCOLOGY DURING 1884.

BY

MARY A. BRINKMAN, M.D.,

Prof. Diseases of Women, New York College and Hospital for Women.

The object of this paper will be to present the prominent points of published cases, the progress of thought and the results of experiments in the department of Gynæcology during 1884, leaving the reader to form his own conclusions.

Beginning with the diseased conditions of the ovaries and tubes we find the interesting and important question of the legitimacy and scope of the operation for the removal of these organs still unsettled. It is to be noted as remarkable that a capital operation has been done so many times in the short period of twelve years on such vague grounds as the records of many cases show. The advocates of the operation seem to regard it as the cure-all for the diseases of women, while the profession at large have not expressed an opinion as earnestly as the subject de-

mands. The various titles which have been suggested for the proceeding "is fairly indicative of the diversity of principles underlying the various operations." At a meeting of the International Medical Congress in London, Dr. Battey reported a table of two hundred completed operations which had been performed up to May, 1880. "The published cases since then are probably two or three times that number." There can be no question that the operation is entirely justifiable in some cases, but there is grave necessity for having well defined grounds for operating.

The subject was discussed at the International Congress Aug. 12 (*Am. Jour. Obst.* Nov., 1884), at which time A. Martin presented a paper on the Diagnosis and Treatment of Tubal Diseases. M. considers the diagnosis less difficult than is supposed. By bi-manual examination, if necessary performed during narcosis, the tubes can generally be clearly palpated, particularly when they are diseased. M. estimates that about sixty-three in one thousand women have diseased tubes, and thinks the treatment should be medical rather than surgical, on account of the gravity of extirpating tubal tumors. Of eighteen salpingotomies for tubal disease five died, four of these from sepsis, while he lost only three of his last one hundred ovariectomies, one only from sepsis.

Hegar (Freiburg) read a paper on Spaying as a Remedy for Nervous and Physical Affections. H. formulated the indications for oöphorectomy in neuroses as follows: With a neurosis dependent upon a pathological alteration of the sexual apparatus the operation is indicated if the neurosis cannot be cured or materially improved by milder measures, and if it endangers life or physical health or prevents any occupation and the enjoyment of life. H. has compiled the results of his oöphorectomies performed for nervous complaints, including only those cases which have been under observation for a suf-

ficient length of time. The failures are comparatively few. Hegar regards it of the utmost importance to find the causes of these failures. He suggests that they may be due to circumscribed inflammations which existed previously or were incited by the operation. Faulty cicatrizations of the ovarian pedicle. Long standing neuroses produce alterations which take time to disappear. Therefore the case should remain under observation a long time. Finally abdominal herniæ must be named as a cause of failure.

In the discussion which followed Kocberte (Strassburg) said he thought oöphorectomy rarely indicated in nervous affections, which he believed were due far more frequently to social conditions, faulty education, etc., in which opinion Sir Spencer Wells concurred. The latter had operated in four cases with mental disease, in two of which no material improvement was secured. In two previously mentally sound women disease of the mind recurred after ovariectomy. He has not found any intimate connection between diseases of the mind and those of the ovaries. Hysteria in young women is based far more on faulty education than upon affections of the ovaries. To extirpate the latter unless they are very sensitive on pressure or pronouncedly enlarged is no more justifiable than to castrate mentally diseased men.

Priestly (London) has never yet found the operation indicated and considers it reprehensible when no alterations can be demonstrated.

Olshausen (Halle) has operated four times for psychic affections, in three of which the effect of the operation was nil, although in one case the difficulty seemed to depend entirely upon menstruation. The fourth case was improved but not cured.

Gusserow (Berlin) emphasizes the importance of knowing *how long* the cure persists after spaying, as a temporary improvement is often observed in the hysteric after every operation.

Gordon (Portland) protests against the statement that the operation is permissible only when disease of the ovaries is demonstrable on exploration. Operations founded on symptoms alone have discovered a morbid state of the ovaries, cystic degeneration, etc.

Engleman (St. Louis) defends the operation when the diseased ovaries appear as the central point of the entire group of symptoms. The fact that large ovarian tumors do not provoke neuroses does not prove any thing. Very often continued irritation or slight pathological alterations produce the most violent neuroses symptoms.

Hegar again said the operation is permissible only when palpable alterations of the genital organs are present.

The following cases are of interest in connection with the above. Dr. W. R. Gillette related to the Am. Obst. Soc., March 4, 1884, (Am. Jour. Obst.) a case showing the effects of pretended oöphorectomy, a German girl who had been in nearly all the hospitals of the city for severe dysmenorrhœa, pelvic pains, and epileptic seizures. The patient pretended to live without eating, but it was found that she took food in some surreptitious manner. There was prolapse of the ovaries. The patient was anxious for the operation. All was done in the usual manner, an incision made in the abdominal wall and the wound closed. The patient improved wonderfully after the pretended oöphorectomy. G. had heard that she had lately had a return of the symptoms.

Dr. Mundè reported a case a year ago in which the operation was unsuccessful as regarded relief from symptoms. The patient had since committed suicide.

Dr. Chamberlain mentioned a case of intense protracted ovarian neuralgia, for which he proposed oöphorectomy; others whom she consulted considered the operation inevitable. She became homicidal and suicidal; was

removed to an asylum and the operation was not done. She remained there six months; returned home not cured; she has since become perfectly well. (Trans. Obst. Soc. Feb. 5, 1884.) *Am. Jour. Obst.*, Sept.

Dr. Polk had now a patient with prolapse of the ovary and retroversion of the uterus, who three years ago shot herself through the lower border of the pericardium, the ball passing through the left lung and lodging near the spine. Pleurisy, pneumonia and pericarditis followed, from which she recovered. She is now in perfect mental condition, yet the uterine and ovarian displacement remain.

Removal of the ovaries and tubes followed by the disappearance of symptoms of spinal atrophy. This case as reported by Dr. Mundè (*Am. Jour. Obst.* Nov., 1884), was one of unusual interest.

Patient æt. twenty-five. Three years previously while returning from a party during the menstrual period she was seized with faintness and was unable to walk. She remained paralyzed in the lower limbs for some months. Dr. Mundè was asked to see her on account of pain in the left ovarian region and back from which the patient suffered. She was also troubled with nausea and vomiting which continued two weeks out of every four. She was then an emaciated bedridden invalid. There was retroversion and prolapse of the left ovary, which was tender but not much enlarged. Pessaries and other treatment failing, oöphorectomy was suggested for which the patient was anxious. Doctors Hamilton, Emmet and Thomas, discountenanced an operation as there were undoubted symptoms of chronic myelites in the lumbar region of the cord. She continued to suffer three years. Last autumn she read of a similar case cured by oöphorectomy, and desired it for herself. After another consultation the operation was decided upon. The ovaries were not adherent. Four days after the operation she could move the toes of the left foot, which

she had not done in seven years. About the 17th day she began to learn to walk like a child. In two months she walked the full length of the double room as well as any body could. The gastric symptoms also improved. There had been no sign of menstruation since the operation.

In the *Centralbl. f. d. med. wissensch.*, Aug. 6, 1884. P. Mueller gives an account of twenty-one cases of castration of the female. Eleven of these cases were on account of oöphoritis or cystic degeneration. In three cases the ovaries could not be found. In one case only one ovary could be removed. One case was benefited, the others remained the same. Of the remaining seven cases one died from a second operation, four improved somewhat, the remainder not cured. In two cases of cysts of the ovaries one was improved. He operated in two cases of malposition of the uterus with intense dysmenorrhœa; these were not improved by castration.

A recent number of the *Zeitschr. f. Geburts u. Gynäk.* contains an article on the castration of women by Dr. Wilhelm Tauffer, of Budapesth. After giving the details of twelve cases performed by himself, he concludes as follows: 1. Castration is not attended with any great risks if proper care be exercised. The unavoidable mortality is now less than ten per cent. 2. Antiseptic precautions should be taken, drainage is only exceptionally required. 3. As the climacteric cannot be foretold, the limitation that castration is not called for when that period is near, can only be conditionally accepted. 4. Hegar's condition that the ovaries should be distinctly felt before their extirpation is attempted is impracticable. 5. Both ovaries should be removed, even if one only be diseased. 6. It is generally desirable to remove the tubes, and necessary if there is the slightest appearance of disease. 7. Hystero Epilepsy is curable by castration. 8. Hysteria when rightly analyzed can often be traced to ovarian disease. 9. The question of

ligature of large nutrient vessels going to uterine fibroids without castration is worth consideration. 10. With regard to prognosis it is important to remember that inflammatory conditions of neighboring organs delay the climacteric. 11. The final result of castration can only be determined after a lapse of months. 12. It must be regarded as an open question how far the diseases of the female sexual organs influence the development of certain psychoses; also if such psychoses are curable by castration. 13. For comparison of observation Hegar's classification should be generally accepted.

At the Medical Society of London April 28, Dr. J. Kingston Fowler said that he had met with fifteen examples of hydro and pyo-salpinx in the post mortem room of the Middlesex Hospital in the last three years. In none of these cases had the condition of the tubes been suspected during life. They were complicated by some other general, or uterine affection.

These cases showed that the condition was a very dangerous one. Many cases of peritonitis really due to this cause being set down to abscess of the ovary, pelvic cellulitis or pelvic abscess. In eight of the fifteen cases the condition of the tubes was the immediate cause of death. The disease in these eight cases was pyo-salpinx and death was due directly to pyo-salpinx in six of the cases. Of eleven cases of pyo-salpinx death was due to peritonitis in seven.

Dr. Angel Money reports a case of pyo-salpinx in a child seven years old, the only one he had observed out of two hundred and fifty necropsies.

Wiedow (Freiburg) collected the reports of one hundred and forty-nine cases of oöphorectomies performed for uterine fibroma, his object being to show the influence on the arrest of the hæmorrhage and on the atrophy of the uterus. Seventeen died from the operation. For this investigation only those which were

under observation one year after operation are used. There are forty-nine cases. Menopause and diminution of the tumor followed the operation in thirty-six. Menopause and no report on tumors in three. Diminution of tumor and no report on hæmorrhage in one. Diminution of tumor with slight and irregular hæmorrhage in eight. No report on tumor with slight quarterly hæmorrhage in one. He considers these results excellent. In twelve of the cases the tumor reached beyond the umbilicus, in ten of which menopause and diminution of the tumor followed the operation. In one, menopause after several months with diminution of tumor. He considers the size of the tumor is no longer to be looked upon as a contra-indication of oöphorectomy. The author thinks that oöphorectomy must take the first rank and myomotomy the second position. (Trans. Med. Congress, Aug. 11, 1884. *Am. Jour. Obst.*, Oct., 1884.)

The *American Journal of Medical Sciences*, 1885, reports from a paper read by Sängér of Leipzig before the Society of German Naturalists and Physicians in Magdeburg on gonorrhœal diseases of the uterine appendages and the operative treatment. Sängér claims that gonorrhœa in the female furnishes a far higher percentage of severe chronic affections of the pelvic organs than puerperal fever and also of severe incurable cases than syphilis. The severity of the forms depends very much upon the coincident affections of the tubes and ovaries and of the pelvic peritoneum. The severe forms of tubal disease are only of an infectious nature, either puerperal or non-puerperal. There are a tuberculous and a syphilitic form of salpingitis (Buchard, Lépine) and an actinomycotic form, (Zemann) but the gonorrhœal is the most frequent. There is also a puerperogonorrhœal salpingitis. Sängér classifies gonorrhœal affections as urethral, vesical and renal. Those of the vulva and vulval glands and

uterine (gonorrhœal catarrh), and of the uterine appendages salpingitis, pyo-salpinx, peri-salpingitis, of the ovaries perioöphoritis, oöphoritis and abscess of the ovary, of the broad ligaments inflammation of the cellular tissue, parametritis and abscess formations. Sängér thinks it not improbable that the infectiousness of latent gonorrhœa is determined by the presence of a spiral form of the gonœoccus. There seems to be scarcely a doubt as to the microbic nature of gonorrhœa. Sängér thinks the dangers of gonorrhœa should be plainly stated to the public. He mentions a case where a man had had gonorrhœa ten years before and still had prostatitis. His wife took gonorrhœa and became sterile. Sängér recommends the daily use of injections of corrosive sublimate solution, one per cent. After a time nitrate of silver solution may be used with tincture of iodine or dilute nitric acid. These should also be injected into the cavity of the uterus. If the uterine appendages are affected he advises extirpation. It is important that the tubes be thoroughly removed.

(To be continued.)

THE PHENIC-ACETIC ACID AND POTASH TEST FOR ALBUMIN.

BY

HENRY B. MILLARD, A. M., M. D.,

New York.

This reagent, which has given me great satisfaction, was suggested to me by Méhu's reagent of phenic and acetic acid and alcohol for ascertaining the percentage of albumin. The objection to Méhu's formula is that, while a delicate test for albumin, this disappears upon applying heat, which makes it impossible to distinguish it from the proteids and alkaloïds.

My formula is as follows :

R. Acid. phenic. glacial. (ninety-five per cent.)..... 3 ij.
 Acid. acet. puri..... 3 vij.
 M. Add liquor potassæ..... 3 ij. 3 vj.

It is important that glacial, that is, chemically pure, acetic and phenic acid should be used, both for the accuracy of the test and the perfect clearness of the solution. The proportion of liquor potassæ I have indicated is not arbitrary, but has been the result of careful experiment, so that the mixture would be neither too acid nor to alkaline, otherwise, as is well known, a soluble acid or alkali-albumin would be formed. The advantages of this test are, that although it gives a precipitate with strong solutions of quinine and strychnine and the peptones, this disappears readily upon the application of heat and with alcohol; the cloudiness produced by the gum resins and copaiba disappears by alcohol. Though less liable to do so than Tanret's test, it may, like it, produce a very slight reaction in the urine of cystitis, even after filtration. The same means of recognizing the cause of the reaction may be resorted to that are recommended when Tanret's test is used. Another possible source of error, easy, however, of avoidance, is that an excessively acid urine might form with the acids of the test an acid-albumin, disappearing on the application of heat; or in very alkaline urine an alkali-albumin might be formed; in the first of these cases a little more potash, and in the second a few more drops of acetic acid might be added, when the precipitate would reappear, the cloud, however, produced by protein bodies would not reappear. The necessity of adding either of the above reagents is, however, exceedingly rare. I find that with Merck's albumin this test shows distinctly 1 part in 200,000, and faintly 1 part in 250,000. With albuminous urine it shows 1 part in 300,000, showing, like Tanret's test, a smaller proportion than in Merck's albumin. It produces with 1 part in 150,000, and above that, a light blue tint. Its reaction in 1 part in 300,000 is, however, clearer than by Tanret's test. I need hardly say that when

albumin exists in such minute quantities the urine should be clarified, and great precautions should be taken, the urine being allowed to trickle slowly down upon the reagent. In such cases a zone is not formed, but a greenish tinge with Tanret, and a blue with my own test, is produced; with this last, if there be much albumin, a whitish turbidity ensues, or a thick whitish layer.

Method of Procedure.—The albuminous urine I employed in the above computations was that of a patient suffering from chronic interstitial nephritis of a mild type; the specific gravity was 1.022, normally acid; there was no cystitis, and it was, except being albuminous, about normal in every way. It contained, by Roberts' method of estimation, one-fifth of one per cent. of albumin, or 1 part in 500. With this figure to start from, I made dilutions with distilled water of 1 part in 10,000, 100,000, etc. I made a ten per cent. solution of Merck's albumin in distilled water, and the other dilutions from that. In testing for minute quantities, as 1 part to 100,000, and above that, with each of the above tests, I placed side by side with the albuminous solution and urine, distilled water and non-albuminous urine treated the same way for comparison. Even distilled water with nitric acid and my own test will show a faint bluish zone at the point of contact, and it is necessary to be able to recognize the difference. My experiments with all the substances I have used, and various reagents I have not here referred to, have numbered many thousands. My

Conclusions, as the result of these experiments, are: That nitric acid shows 1 part of albumin in 100,000. Heat shows 1 part in 100,000, but rather more clearly than nitric acid, and in examinations of urine I often find it to show minute quantities of albumin where nitric acid does not. Tanret's test and my own show 1 part of albumin in 300,000; the latter test the more clearly; this precipi-

tates fewer of the alkaloids than Tanret's. Nitric acid and heat show almost exactly the same reaction and percentage with artificial albumin and albuminous urine. Tanret's test and my own show the reaction better in the urine than in the artificial preparation. I think, for practical purposes and ordinary clinical use, we may show with ease, by nitric acid, 1 part in 100,000; heat, 1 part in 100,000; Tanret's test, 1 part in 200,000; the phenic-acetic acid and potash test, 1 part in 200,000; heat showing it more clearly than nitric acid, consequently being more sensitive, and my own test showing it more clearly than Tanret's. Heat, although somewhat more sensitive than nitric acid, is often quite unreliable from the turbidity produced by it with mucin, and this particularly after acetic acid has been added. Finally, there are cases in which no single reagent is sufficient, and in which, in order to determine the presence of albumin, the employment of several is indispensable.

CHRONIC LARYNGEAL CATARRH.

BY

G. WOLFF, M. D.,

Zanesville, O.

The patient whose symptoms are here described, came to me on the seventh of October of last year, and related the following clinical history. The lady's age was forty-five, occupation, teacher in a public school. A cough had caused her great inconvenience during the past six years and she had applied for treatment to several old school physicians, each of whom in succession failing to accomplish any satisfactory result, and the last pronouncing her incurable.

The examination made upon her first at my office revealed the following condition. The arch and fauces of the Larynx greatly congested, submucous membrane infected and a sensation of rawness extending over much of the surface. The cough was at first dry then becoming loose after

having an exhausting coughing spell. Expectoration consisted of frothy mucus, especially in the morning, accompanied with dyspnœa.

My first prescription was Bell. 1x dil. to be taken every three hours and a powder of Amon. Mur. 3x tr. each night and morning. At the next report, three days later, patient announced some improvement, the cough being less severe, but there existed a burning sensation in the throat, with hoarseness. Ars. 1x dil. and Iod. 3x tr. in alternation at intervals of three hours.

The alternation was made in the medication during the following two weeks, improvement meanwhile continuing. Cough becoming less in severity and frequency, expectoration less, the burning sensation disappeared, dyspnœa remaining unchanged and a change was made to Iod. 3x tr. and Amon. Mur. 3x tr.

Four days later the patient reported whole condition improved excepting a slight feeling of burning in the throat, the prescription was changed to Ars. 1x dil. and Iod. 3x dil. to be given every four hours in alternation.

On Nov. 10th there was very little cough, no dyspnœa, no burning in the throat, but there existed a great accumulation of mucus in the larynx, its character being tenacious. Spr. 1x dil. in half tumbler full of water, every two hours, removed all further trouble effectively and permanently.

THE EGG IN FELONS.

BY

J. A. WHITMAN, M.D.,

Beaufort, S. C.

I saw in your last journal that some one recommends the skin of an egg for *Felon*. I used to hear it recommended when a lad, but never saw much benefit from it. For the last fifteen years I have used the *whole* egg, and have yet to see a case that it will not cure, if it is a *real bone felon*. I use it thus: Take a fresh egg and crack the shell at the large

end, making a hole just large enough to admit the thumb or finger, whichever it may be, and forcing it into the egg as far as you can without further rupturing the shell. Wipe off the egg which runs out, and bind round the whole a handkerchief or soft cloth; let it remain on one night and generally your felon is cured; if not, make another application. I have yet to see the case where it has failed, and should be pleased to hear from any one trying this where it has not cured.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

The regular meeting of the Homœopathic Medical Society of the County of New York, was held Wednesday evening, March 11, 1885, at the N.Y. Ophthalmic Hospital, President Dillow in the chair. There were present 51 members.

The minutes of the previous meeting were read and approved.

Under nominations for membership Dr. Howard, seconded by Dr. Macy, nominated Dr. R. S. Simmons, of 129 E. 59th Street, graduate of the N.Y. Hom. Med. Coll. of 1884; also Dr. R. D. Smith, of 212 E. 82d Street, graduate of the N.Y. Hom. Med. Coll., class of 1880.

Dr. A. B. Norton, seconded by Dr. Danforth, nominated Dr. Carl P. Elebash, of 327 E. 19th Street, a graduate of the N.Y. Hom. Med. Coll., class of 1884.

Dr. T. F. Smith, seconded by Dr. Land, nominated Dr. Malcolm Cameron, of 29 E. 125th Street, a graduate of the Hahnemann College of Philadelphia, of 1880.

Dr. Vehslage, seconded by Dr. Garrison, nominated Dr. James A. Sinsabaugh, of No. 668 Second Avenue, graduate of the N.Y. Hom. Med. Coll., class of 1881.

Dr. WAIT read a paper on "The Management of the Breasts of the Nursing Woman," see page 129.

Dr. McMURRAY: There is one remark I would like to make as regards the recommendation. The recommendation, as it stands, is all very well. Put it into the hands of the professor and she will manage the case all right, but I must say, one of the greatest sources of evil I have ever met with in managing the breasts

during lactation, and the commencement of it, is excessive heat. In the hands of the ordinary nurse, you've got about six thicknesses of flannel and cotton, which put the patient into a dripping perspiration. *I believe that one of the best means of averting inflammation and suppuration of the breasts is to keep them cool.* Avoid unnecessary bundling up. I have seen more harm from it than from all other causes put together. There is one other point I wish to mention. The remarks with regard to the use of breast-pumps, as a rule, I think are good. They are mean machines. Once in a while we have to use them because we can't do any better. I remember one case in which I advised the use of a puppy, and a few hours after that the breasts were all right. Nothing I have ever seen is so good as the tongue of a young puppy. As for the mode of getting clear of the milk when the child is still-born, I am inclined to think that the recommendations are good, but I do think that there are instances in which women are better, the breasts are better, and the subsequent health is better from allowing a fair flow of milk for a limited season. I believe that in many instances they are less liable to fever and its sequelæ.

Dr. BACON : I was led to accept the President's invitation to discuss this paper, by the fact that I had, during the months of December and January, two or three cases, where the care of the breasts gave me considerable anxiety, and taxed my ingenuity quite thoroughly. I propose briefly to make some remarks in regard to them. The first of these cases was a primipara, and she had fissured nipples. She was very nervous and suffered a great deal, and it was a pretty long experience before they were healed. I tried to follow homœopathic laws, and use medicine and as little local treatment as possible. Her nervous conditions were very much relieved by chamomilla. The pain at one time extending through to shoulder-blade, yielded

to croton tig. Still her breasts were sore. I had excellent results from the use of a glass cover. This is a disc of glass which covers a portion of the breast, with a hole in the center, from which projects a short cylinder in which the nipple lies. It held the sides of the fissures apart. The nipples were intensely sore a part of the time, and then I used phytolacca externally and internally, and in three or four days the patient was practically cured. The next case was very peculiar. It was a lady with her fifth child. She had a large breast of milk ; too much. She complained of sensitiveness of the nipples, for which I prescribed various remedies, with more or less success. After the baby was about a week old she sent for me. I found an excoriation on both of the breasts. I tried the same nipple-shields, but they did not help. The child was under-sized and the nipples were very large, so the child took only a part of the nipple in its mouth, and raised a wheal along the line where it sucked. As the child grew older, by calling the mother's attention to it, and having the child take the whole nipple in its mouth, the breast got well. The third case was one of great sensitiveness of the nipples. The trouble here was just the reverse. The nipple was very small and the child was very large, so that in nursing the child would pull upon the nipples very hard. It was the bruising or dragging upon the milk-ducts that caused the pain. There again the medicine helped more than any local treatment. Chamomilla was the remedy which helped the most. In regard to some of the statements in the paper that we have heard read, I would like to say a word or two. In the second case which I related, I was compelled to use the breast-pump. I do not know what I could have done without it. I let the child nurse from one breast. I found by careful use of the breast-pump, I could keep the other breast free of trouble and relieved from the injury done during the

child's nursing. I was thus enabled in three days to heal one breast, then I let the child use that and rested the other until it too was healed.

I did not know that there was any body who had a greater aversion to the breast-pump than I have, but I think sometimes it is a necessity; so also in handling the breast, the breast *can* be rubbed to advantage. I was compelled to do that myself a few weeks ago. The lady had discharged her nurse, and she had been out and caught cold. The breasts were very hard and painful. I got some nice, clean, sweet lard and rubbed the breasts soft, holding one breast with one hand, while I stroked it with the other, and in an hour entirely relieved the lady's distress.

DR. DANFORTH: I think that one of the most common causes of mammary engorgement, and even mastitis, is disease of the nipples, such as superficial erosions, abrasions, and fissures of the nipples. The first attempts of the child at nursing often produces in primipara especially, severe pain, due to a very slight erosion on the summit of the nipple; or if the nipple is examined carefully, very minute fissures may be observed on its surface. These apparently insignificant affections give rise to intense pain, which increases and becomes unbearable unless some means are adopted to cure the abrasion. If ignored or improperly treated, and nursing is insisted upon, the result is imperfect emptying of the breast, engorgement of the lacteal ducts and acini, redness and heat in the gland and a fully developed mastitis is set up, aided in its course by the bad *morale* of the patient, she being nervous, discouraged and fatigued by the pain which she has endured, as well as what she anticipates in the future. Attention to these affections of the nipple therefore is exceedingly important. During the first days of nursing, if the nipple is at all tender, or indeed if it is not, merely as a preventive measure, it is a good plan to lay over the nipple after the child

is removed, a soft fold of muslin wet with cold water. This application removes the heat in the nipple; afterward a little vaseline may be rubbed on the nipple. When slight abrasions are really present, the use of Goulard's extract (*Liquor Plumbi subacetatist dil.*) a teaspoonful to a tumblerful of water, applied on a compress, and kept on during waking hours, is exceedingly useful. A calendula lotion applied in same manner is valuable in cases of marked erosion or rawness. In bad cases the nipple shield may be tried, as this relieves the nipple from direct traction, and permits the continuation of nursing. It is only rarely that nursing will have to be desisted from. As remedies for threatened mastitis, I believe bryonia, belladonna and phytolacca are among the best. I have seen a case of intense mammary engorgement (following the birth of a still child), and characterized by heat, redness, and such sensitiveness that the patient suffered greatly if any one walked heavily on the floor or jarred the bed in the least, entirely relieved by belladonna alone, without any local treatment whatever, except gently supporting the breast.

DR. WILDER: I am opposed to the expectant and meddlesome treatment, the first in doing nothing and the last in doing the wrong thing. My custom is to commence giving internal remedies to my patient as soon as I find the case demands treatment, and those remedies that I have found oftenest indicated are aconite, bryonia, phosphorus and phytolacca. The first two—aconite and bryonia.—oftener than the latter two. At the same time I instruct the nurse to manipulate the breasts lightly with the ends of her fingers until the breasts become soft, giving the medicine every half hour alternately till the desired effect is produced, which will ordinarily be in two hours' time, then lengthen the intervals to one or two hours. When I am called to a case threatened with suppuration of the mammæ, and I cannot arrest or discuss the inflam-

mation, I then give remedies to hasten suppuration, and when the suppurative stage has *ended* I then use my abscess lancet to let off the pus, being careful not to do so until the end of the suppurative stage. To hasten the suppurative stage I do not object to the use of emollient poultices.

DR. SCHLEY: There is one form of treatment of mastitis that has received a good deal of attention recently, and which has not been spoken of so far, viz.: bandaging the breasts. My attention was first drawn to it during Dr. Bryan's service at the Hahnemann Hospital. A case was sent to the institution with all the symptoms of incipient suppurative mastitis, distention of the mammæ, exquisite sensitiveness to touch, and on motion great pain; chills, followed by fever, etc. The breast was thoroughly bandaged. The bandage was carried from beneath one breast across the opposite shoulder then under the same breast, and this was repeated until the mammæ were well supported; then the bandage was carried well around the body, starting at the ensiform cartilage, and carrying it up until both breasts were thoroughly covered except at the nipples, which were left free. In a few hours the pain, distention and fulness passed away, and only returned when the bandage was removed. The breasts often relieved themselves by discharging their contents through the nipples. One other case where the mastitis had gone on to suppuration and was opened was speedily *cured* by a similar treatment of bandaging. The patient experienced the greatest comfort within two hours from the application of the bandage. A recent communication to a medical periodical has well demonstrated the value of pressure in threatening or actual mastitis with formation of pus. He cites several cases, where, with all the symptoms of suppurative mastitis, thorough and persistent bandaging relieved the diseased organ of all fulness, throbbing,

etc., and averted a more serious condition of things. Homœopathic remedies, properly selected, act in a wonderful way in these cases.

DR. HELMUTH:—I did not arrive in time to hear the paper on this subject read by Dr. Wait, and am sorry that I was detained, but the remarks elicited by the paper have interested me much. With regard to the method of pressure obtained by bandaging, as explained by Dr. Schley, I can say that I consider this treatment most excellent. With the bandage as applied for producing pressure, I have had little experience; but with that as effected by systematic and even strapping of the breast, I have had a good deal. To produce more even pressure, I have often applied a flat compressed sponge (antiseptic) over the breast, making an opening for the nipple, and strapping the sponge firmly down. I apply this dressing especially in cases of chronic suppurative mastitis, in which there are several sinuses, and in which the patients are pale and broken down by prolonged suffering and suppuration with but slight reactive force.

The pus that exudes is absorbed by the antiseptic sponge, which swells and thus makes additional pressure along the track of the sinuses. I have been very successful with this mode of treatment. It is important, however, that the straps be evenly applied.

In the earlier stages I believe in rubbing, provided it be properly done. There are various ways of rubbing a breast, and most of them are in my judgment productive of evil. If, however, the nurse stands behind the patient, and passes her (the nurse's) arm under the arm of the patient on the affected side, and holds up the breast, and with the other hand, the fingers being dipped in warm arnicated oil, makes even friction from the circumference of the gland toward its center (the nipple), thus freeing the lactiferous ducts, great good will follow. Another point is in having the glands well supported. One other word—I have heard from the gentle

men present the names of many useful medicines in the treatment of mastitis, but the remedy which in my hands has proved most servicable, has not been alluded to—I mean phosphorus. This agent was recommended years ago by Croserio, for hard lumps and induration during lactation, and I have found it a most excellent medicine.

DR. LOZIER cited a case where the ulceration of the nipple was due to the child being tongue-tied, and upon cutting the frænum, the child nursed more readily, and the breast soon became healed.

DR. WAIT.—If I have conveyed the impression that I dispense with the use of homœopathic remedies in my practice, I would like to remove that impression here and now. The drugs mentioned by Prof. Danforth as useful in his hands, I have often used with much benefit; conium also is another remedy which is of benefit in a stony hard condition of the breasts and though I have given phosphorus a few times, cannot speak with the same certainty of its action. As regards mastitis I do not expect any of us will live long enough to see the last of it, although my paper suggests a course of management *strictly preventive*, while the curative has been discussed independently of the paper.

In the treatment of mastitis I aim to hasten suppuration, when that becomes inevitable, both by the proper remedies and by poulticing, but am very careful not to injure the breast by too long use of poultices, as I believe many breasts are ruined in that way. When pus has formed I evacuate it, after which the strapping works admirably. I wish to disclaim any skill in managing my patients not possessed by other physicians of similar experience, as mentioned by one of the speakers this evening. With reference to the use of the puppy I agree with the gentleman, that a puppy is able to clear a breast of milk, but, it is the most disagreeable article ever admitted into the lying-in chamber.

It takes two women to hold the puppy and another to hold the patient; meantime the patient is thrown into hysterics, and if it were left for me to manage a case, I would not have a puppy on the same floor with a patient.

DR. WINTERBURN.—I would like to suggest a substitute for the puppy, which possesses all his advantages, never can be a nuisance, and is always easily obtainable. I refer to the beer bottle; which is superior as a breast pump to all the mechanical contrivances ever invented. It is to be used in this manner: When the breast has not been emptied, and has become tense and painful, as for instance when the nipple is small and the infant is unable to seize it, take an ordinary beer or soda-water bottle, fill it with boiling water, let it stand until the glass is thoroughly heated through, take hold of it with a towel, to protect the hand, and empty it, hold the nozzle under the cold water faucet until it cools, and then apply it to the nipple. As the bottle cools it makes a very gentle suction on the breast, even more gentle than the nursing of a child. It is the most effectual and harmless way of emptying the surcharged breast.

Dr. Danforth then read a paper on "The Treatment of Abortion," which, with the discussion which it elicited, will appear in our next issue.

Under miscellaneous business, the President said he would be very much obliged to any member who had treated any other member of the Society, that had died, if they would notify the Secretary as soon as possible.

The Secretary then stated that the dues of Dr. James B. Gilbert had been paid, and moved that his resignation be now accepted. Carried.

There being no further business, the Society then adjourned at 10:45 P.M.

A. B. NORTON, M.D.,

Secretary.

THE
AMERICAN HOMŒOPATHIST.

*A Monthly Journal of Medicine, Surgery
and Sanitary Science.*

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GEO. W. WINTERBURN, PH.D., M.D.

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Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, *unless endorsed in our editorials.*

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A. L. CHATTERTON PUB. CO.,

New York.

EDITORIAL.

Noblesse oblige, our privilege compels us; we professional men must serve the world, not, like the handicraftsman, for a price accurately representing the work done, but as those who deal with infinite values, and confer benefits as freely and nobly as nature.—
EDWARD EVERETT HALE.

The retirement of Dr. Samuel Lilienthal from the editorship of the *North American Journal of Homœopathy*, which he has conducted with such fidelity and signal ability, and from the professorship of the New York Homœopathic Medical College, which he has held these many years, will grieve Homœopaths in every clime and quarter of the world. Not that any of us begrudge him his well-earned rest. He has been a faithful worker as a writer and teacher for nearly half

a century, and has won a unique place in the annals of Homœopathy by his indefatigable labors. Trained by habit to hard work, his restless and energetic spirit will hardly permit him to remain long idle, and doubtless after a brief sojourn in the Fatherland he will come back to us refreshed and strengthened, to buckle on the harness again. The thousands to whom he has been a guide and counselor will send after him in his wanderings a God-speed, and wherever he goes and whenever he may return he will find such a welcome as is given only to those who have unselfishly served mankind.

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An impudent nostrum-vender of Rochester, N. Y., cut out of our April number a portion of the editorial on General Grant's case, and adding thereto a puff for his so-called "kidney-cure," succeeded in getting the whole published as reading matter in a number of the leading dailies throughout the United States, representing the same to be entirely from our journal. Very many persons who do not see the HOMŒOPATHIST have thus been led to believe that we lent ourselves to such quackery. We never indorsed this or any other nostrum, and the editorial columns of the HOMŒOPATHIST are not for sale. It was a clever trick to steal the cloak of respectability to cover his nephritic nostrum, and the audacious individual probably supposed that we would supinely submit to such misrepresentation ; but he has already discovered that he woke up the wrong customer. Immediately upon the appearance of this fraudulent notice we telegraphed to its author that we should demand

exemplary legal damages for his unwarranted use of our name. The daily papers in New York gladly rectified the matter as far as they were able, when their attention was called to it; but it's a lively truth that can catch up to a lie that has twenty-four hours' leeway.

We will be very grateful to any of our readers who, having seen this advertisement (printed as reading matter), in their local press, will cause a correction to be inserted. It is impossible for the editor of the HOMŒOPATHIST to know where or when this matter may crop up, and he will be greatly obliged to any friend who will aid him in sitting down heavily on this brazen knave.

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* *

LETTER FROM THE EDITOR TO H. H. WARNER.

H. H. WARNER, DEAR SIR:—Immediately on seeing your advertisement in the *New York World*, in which you couple the name of this journal with your so-called "safe cure," I telegraphed to you in terms which you could not misunderstand. I see you still insert that advertisement in various papers notwithstanding my protest. You are well aware that in thus seeking to convey the impression that I indorse your nostrum, you are taking an unwarranted liberty with my name. The homœopathic profession of New York, and the publisher of this journal, join me in earnestly protesting against this intentional deception. I desire, and formally request of you, the name of every publication in which this atrocious advertisement has been inserted, and demand reparation by you of the wrong done, by assisting me to obtain an equally prominent refutation of the impression which you have caused that I am leagued with you in gulling the public.

Respectfully,

GEORGE W. WINTERBURN.

29 West Twenty-sixth Street.

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* *

Is it cancer? the daily papers are asking. Yes, presumably it is. The eminent gentlemen probably know an epithelioma (or as just now they are calling it "a skin cancer") when they see one; though doctors have been

known to make mistakes — just once or twice. Last month when the General was daily supposed to be within a few hours of death, and the public anxiously watched the flag-staffs for the confirmation of the gloomy prognostication, cancer was incurable. Now, that he walks down stairs and eats mutton chops and macaroni with relish and insists upon going out to drive, it is acknowledged that *fifteen* (*sic*) cases are on record as having recovered. Last month it was freely acknowledged that no treatment was being given, and nothing of the sort was thought of; but now, that unexpected improvement *has* set in, and the patient is better, "the doctors have saved his life."

We are not disposed to look for permanence in this improved condition. Already the punching and poking at the patient's throat has been recommenced, and we may therefore look for an exacerbation of the irritation. This may cause, another cessation of mechanical activity on the part of his eminent attendants, and the General's wonderful recuperative energy have another chance. A serious set-back will occur about the 8th or 10th of May, but it should not be fatal, and we opine that the autopsy will be indefinitely postponed.

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The usual efforts to secure the passage of a bill to create a State board of medical examiners, have been made this winter in Albany. The proposed bill provides for a board of nine examiners, seven of whom are to be Allopathists, one a Homœopathist, and one an Eclectic, and to this

board is to be given the sole power to license physicians in this State. They are also to have the right to say what medical colleges are in good standing, and to revoke the licenses of physicians for criminal and unprofessional conduct. When the bill was first introduced in the Assembly it was referred to the Committee on General Laws, and reported favorably from the committee; but fortunately for the credit of our law-makers the purport of the bill was discovered, and it was sent back to the committee for a hearing. As the same bill was before the committee last year, and after a hearing of eight hours was quietly tabled, it is hardly likely it will again see the light during the present session of the Legislature. That such a bill can ever become a law in this State is hardly probable, especially since the Supreme Court of Missouri has recently declared a similar law in that State unconstitutional. There is another bill before the Legislature, however, that deserves the warmest support of every person who desires to see the educational standard of the medical profession advanced. This bill provides that all persons desiring to commence the study of medicine shall apply to the Board of Regents, who shall refer them to a board of examiners, before whom they are to pass a prescribed examination in all the branches included in a liberal education. Those passing this examination are to be provided with certificates that entitle them to be received as students in any medical college in the State.

With such a law in force none but educated young men could enter our colleges, and it is certain that such men

could not fail to become educated physicians. Yet when this bill came up for a third reading in the Assembly it met with opposition on every side, and it was stated that the professors of our colleges, of all schools of medicine, were opposed to its passage. What can be the reason for such opposition? It must be that they fear the effect an educational test would have on the number of their students, and the consequent reduction in receipts. If this is the position taken by our colleges, should not the profession refuse to send students to any college that does not exact a matriculation examination and a three years' graded course?

We are in favor of regulating the requirements and curriculum of our colleges, and then leaving the licensing power with them, and this bill we believe to be right and just to the profession. Yet it was sent back to the committee, and it is more than probable that it will fail to pass, and if so, our medical colleges will be responsible.

* * *

THE twenty-second annual commencement of the New York Medical College and Hospital for Women was held at Association Hall on Wednesday evening, April 1. The hall was crowded with an appreciative audience. Thirteen ladies received the degree of doctor in medicine. The growing favor with which these commencements are received is in striking contrast with the first held twenty-two years ago, when but one graduate received her degree, and marks the changed attitude of the public toward women as physicians. The alumni of this institution now number 187. Turkey and South America

have sent to this college women to be educated in medicine, and one of its alumni is doing splendid work in China. The influence of this pioneer institution for women physicians is yearly increasing. In 1875 an alumni association was organized, which has steadily increased in strength and usefulness. It is the custom of the association to give each year after the commencement exercises, a reception in the parlors of Association Hall, to welcome the class and friends of the institution. On the evening following the commencement the annual dinner of the alumni association was held at Delmonico's. The hospital connected with this college is in every sense at the present time a woman's hospital. The house physicians and attending staff are women and their services are to women. Thus the object for which the friends of the college have been working is attained. The present outlook for the future success of the institution is most encouraging.

OBITUARY.

PROF. JOHN BUTLER, A.M., M.D.—Prof. Butler died at his home, No. 110 East Twenty-sixth Street, on April 10, of blood-poisoning, the result of an abscess in the head. He was born in Kilkenny, Ireland, January 20, 1844, and was graduated at the Royal College of Physicians and Surgeons, in Edinburgh, and at Trinity College, Dublin, in 1864. He took a special course in a London hospital, and, coming to America in 1866, he married Agnes C. Archer, daughter of Dr. H. A. Archer, of Brooklyn. He returned to England and became surgeon-in-chief to the hospital in Newport, Monmouthshire. In 1869 he settled in Brooklyn. The New York Homœopathic College called

him in 1875 to the chair of Electro-Therapeutics and Surgery, and he accepted the professorship. His practice has been very extensive and remunerative for years. Among his treatises is a work on Electro-Therapeutics and Surgery, which has been adopted as a text-book. He was a member of the Mozart Union, and of the Metropolitan Musical Society. He was also an active member in the Microscopic and the Amateur Photographers' Societies. His wife and one daughter survive him. The funeral was attended by the faculty and students of the college and by the County Society. Prof. Butler won much renown by his clever use of galvanism in the removal of morbid growths, and his demise leaves a void in his specialty hard to fill.

AMERICAN INSTITUTE OF HOMŒOPATHY—SESSION OF 1885—BUREAU OF GYNÆCOLOGY.

With the purpose of contributing our full share to the interest of the coming session of the Institute, and to the value of its publications, while still providing for a free and general interchange of opinion and experience, which is best secured by discussion of the subject presented, the following plan has been adopted, viz. :—To each of the ten members is assigned a division of the general subject :—

DISEASES OF THE OVARIES AND TREATMENT, AS FOLLOWS :

Ovariectomy : Phil. Porter, M. D. ; Ovarian Cysts : L. A. Phillips, M. D. ; Neoplasms of the Ovary : O. S. Runnells, M. D. ; Oöphorectomy : S. S. Lungren, M. D. ; Oöphoritis : A. I. Sawyer, M. D. ; Ovarian Neuralgia : H. K. Bennett, M. D. ; Displacement of the Ovaries : S. R. Hedges, M. D. ; Sympathetic or Reflex Symptoms in Ovarian Disorders : R. C. Allen, M. D. ; Ovarian Dysmenorrhœa : Mrs. M. B. Pearman, M. D. ; Ovarian Therapeutics : Henry Minton, M. D.

The only paper to be read at the meeting will be a synopsis of all these

papers, prepared and presented by the chairman, and occupying only a small share of the time allotted to our report, thus leaving time and opportunity for all members of the Bureau as well as others to speak for themselves upon their own or any other branch of the subject.

We believe that we may thus attain far better results than by consuming the entire time in the reading of papers in full or in part, and we trust every member of the Institute will take a personal interest in this much-neglected and little understood branch of medicine and surgery, and bring some clinical report that will add to the limited knowledge of ovarian diseases.

PHIL. PORTER, Chairman.

ABSTRACTS.

BRAIN WEIGHT FALLACIES.—The interesting discussion in regard to the weight of Turgeneff's brain includes an important article on the general subject of the weight of the human brain by M. Nikiforoff, the eminent Russian scientist, according to whom it is a fallacy to assume that the weight of the brain has any influence whatever on the mental faculties. It ought to be borne in mind, he says, that the significance of the brain weight should depend upon the proportion it bears to the dimensions of the whole body and to the age of the individual. It is also equally important to know what was the cause of death, for long disease and old age exhaust the brain; thus showing the slight significance of mere weight.

CANE SUGAR AS AN ANTISEPTIC.—Professor Lucke, a Strasburg surgeon, strongly recommends powdered cane sugar as an antiseptic dressing for wounds. Hitherto it has been used in equal parts with naphthaline, or with one part of iodoform to five of sugar. In cases of wounds united by suture the mixture is put up in gauze and applied to the part; where

there is loss of skin the sugar is sprinkled directly over the part. The sugar dressing is fixed in place by some layers of gauze deprived of fat, over which a layer of gutta-percha was applied, and the whole secured by a bandage. The sugar dressing may remain from eight to fourteen days without the sugar dissolving. The secretion from the wound is equally distributed through the sugar, and it is only when the layer of sugar is too thick—more than about one-fifth of an inch—that lumps are formed. The wounds have a healthy appearance under the sugar, the dressings are not offensive, and bacteria cannot be found in them.

POSTURE AS RELATED TO THE BRAIN.—The novel investigations made by M. Delaunay upon the subject of postures in sitting, as regards the extremities, have led him to the interesting conclusion that the left brain develops before the right, but finally the right predominates. The Chinese, he finds, cross the left arm over the right, while the Europeans cross the right over the left. Robust children cross the right over the left. Those who cannot work or are idiotic do the contrary. A great many women cross the left leg over the right; while among opera dancers some always cross the right leg over the left, but not one crosses the left over the right habitually. Infants under three years cross the left arm over the right, and when older reverse the position. Men generally cross the right leg over the left.

LITERATURE.

We had the pleasure of calling attention in our last issue to two very important additions to our homœopathic literature. Prof. Farrington's new edition of Hering's *Condensed Materia Medica*, and the first volume of the new English *Materia Medica* by Drs. Hughes, Dudgeon, and others. We have now before us the

first volume of another work which, in the nature of things, will exert an even more powerful influence on the future of homœopathy.* In this triad of ponderous volumes we have an attempt to arrange a complete system of homœopathic practice, applicable to all places and at all times. Various works of similar intent have preceded it, of which the most conspicuous examples were those of Baehr and Raue. Baehr was long since out of date, and Raue, though of great intrinsic value and reliability, is too much condensed to be altogether satisfactory. Hughes' work hardly comes within this category, as he purposely ignores all descriptions of diseases. Jahr's *Forty Years' Practice*, to which we owe much, is also silent on etiology and diagnosis. Hering, Ruddock, and numerous others have written more or less incomplete treatises on homœopathic practice, but none of these, valuable as they have been in an educational point of view, deserve preëminence as the standard and representative of our method of therapeutic procedure. That there is a demand for this class of works is shown by the large sales to which all of these have attained, as well as the financial success of those collateral works of which Lilienthal's *Therapeutics* is so worthy an example. An attempt has been made in a partial and imperfect way to supply this demand by the issuance of numerous monographs, such as on *Phthisis pulmonalis*, by Brigham, *Cholera*, by Joslin, *Intermittent Fever*, by Allen, *Diseases of the Eye*, by Buffum or by Norton, *Bright's Disease*, by Millard, *Fevers*, by Kippax, and *Nervous Disorders*, by Hart, but useful as these are they do not take the place of a systematic treatise, either as works of reference or as text-books. Reynolds had shown us what English physicians could do, under the superintendence of a capable general editor,

and the wish had been often repeated that we homœopathists could have a work of equal merit, the therapeutics of which should be founded upon the teachings of Hahnemann. Slowly the thought crystallized in a plan, and in the spring of 1882, Mr. Boericke, of Philadelphia, as publisher, and Dr. H. R. Arndt, of Grand Rapids, as general editor, began the task, probably little realizing the enormous inertia to be overcome, and the vexatious obstacles to be surmounted before their labors were completed. It was then expected that the entire work would be in the hands of the profession early in 1884, but another year has rolled away and the first volume is just from the press. Those who know publisher and editor will not blame them for the delay. Only such a persistent, indefatigable and courageous person as our friend Arndt could have succeeded at all. Probably in any other hands the scheme would have failed. Let him who thinks this praise excessive run a medical journal for a year, and he will discover what unceasing toil, constant anxiety and endless correspondence such a work as this has doubtless entailed upon the general editor. Whatever may be the faults of the work, when it stands completed upon our shelves, it will be a permanent testimony to the pluck of Dr. Arndt. We say this because we feel sure he will never receive general credit for the immense labor these volumes cost him. Those who have had editorial experience will look at these ponderous tomes with some idea of the expenditure of vitality which the editing of them has imposed; but to others it will probably seem easy enough—why, it's just writing off to a lot of fellows, and getting them to send you articles on subjects they know all about, and then having them printed, with your name in big letters on the title-page. Yes, that's just how it is!

Examining the work first as to its typography, we find that it is a portly volume of nearly a thousand pages, the text being mainly in small-pica

**A System of Medicine based upon the Law of Homœopathy.* Edited by H. R. Arndt, M. D. In Three Volumes. Vol. I. Royal 8vo, pp. 968. (Philadelphia: F. E. Boericke.)

type leaded, with about six hundred and fifty words to the page, the side-titles set in heavy-faced Clarendon. The paper on which it is printed is a fine quality of laid cream-tint, and the presswork has been very carefully and indeed beautifully done. The spacing and arrangement of the page shows great care, and the binding is excellent, the book lying open upon the desk at any page from the first to the last. Mr. Boericke is, therefore, to be congratulated upon the eminent success of his part of the work. As a specimen of typography it is all that could be desired, save here and there a misspelled word which has escaped detection. Having said this much in its favor, we may be permitted to call attention to one very important matter demanding adverse criticism. We refer to the running titles at the top of the page. The purpose of these is service as an index. They are supposed to tell, with a quick glance of the eye, what the author is discussing. In a work of this kind, where articles are contributed by different authors, it is still further desirable that the author's name should also appear on the page. Unfortunately, the running titles are of little practical value here. We are calmly told on four hundred and sixty pages that this is "A System of Medicine," a fact which was sufficiently obvious from the title page. One hundred and fourteen pages are headed, "Diseases of the Respiratory Organs." The phrase, "Diseases of the Organs of Circulation," is repeated some eighty-seven times; and the remaining pages of the work are devoted to "Diseases of the Organs of Digestion." Any one who will compare this work with Reynolds' will see the appropriateness and force of our criticism. Opening now the volume as it may happen, we find pages 552-553 before us. There is nothing to indicate either author or topic. Turning back we find the subject is Retropharyngeal Abscess, but we must go back through half a dozen articles to find the author is

W. T. Laird. Now how much better it would have been if at the top of page 552 we could have read—LAIRD: RETROPHARYNGEAL ABSCESS, and on page 533 SYMPTOMS. If the running-titles had been constructed on this idea, how much more convenient the work would have been for consultation. Mr. Boericke set himself a good example in Raue's *Pathology*, in this particular, which he would have done well to have remembered; unfortunately it is now too late, and for the sake of uniformity the blunder must be continued in the two volumes yet to come.

Turning now to the text, we find it to be the work of fourteen writers, all of them well-known to the profession. These are, in alphabetical order, H. R. ARNDT, H. C. CLAPP, C. M. CONANT, A. C. COWPERTHWAIT, A. K. CRAWFORD, P. DUDLEY, J. G. GILCHRIST, E. M. HALE, E. U. JONES, W. T. LAIRD, J. S. MITCHELL, L. D. MORSE, A. R. THOMAS, and, W. B. TRITES. The introduction, by the editor, occupies some twenty-seven pages. It defines health and disease, pathology and ætiology, the influence of predisposition and individual peculiarities, of the habits and temperament of the patient, of intermarriage, inherited tendency, and pre-existing diseases. It discusses the special and exciting causes of diseases, the pathological changes wrought, the symptoms by which one disease is distinguished from another, the use of clinical thermometry, the principles of prognosis, and methods of treatment. Dr. Arndt describes the theory and method of selection of remedies under the homœopathic law quite succinctly and correctly, and then proceeds to discuss the question of the dose as follows: "The correct remedy found, is to be given in a dose, or in doses, sufficiently powerful to fulfill its legitimate object of curing the patient. At the present stage of our therapeutic science, it is difficult to lay down fixed rules concerning the exact amount of medi-

cine required to produce stated results. We can tell how large an amount of ipecacuanha will produce emesis, or how many grains of opium will produce fatal consequences; it is quite another thing to state how *small* a dose of ipecacuanha will cure Master B., aged six years, of a violent cough; or to explain why Miss D., also aged six, and closely resembling Master B., derives no benefit whatever from a dose of ipecacuanha which promptly cures Master B., while a dose of the same remedy much heavier, or infinitely smaller, as the case may be, promptly relieves her difficulties. It is, however, safe always to remember that a *very* small dose of the *right* remedy is sure to be followed by relief in all curable cases, and that the young physician will best serve his own interests, and those of his patients, by studiously avoiding practicing upon preconceived notions, so far as this concerns the exclusive use of one set of attenuations of drugs. The vast amount of reliable clinical experience now at our disposal proves, most conclusively, the wonderful efficacy of minute doses of the properly selected remedy, and the drift of the entire medical world is now in the direction of the small doses, first indicated by Hahnemann. Doses are now given by the physiological schools of practice which, a few years ago, would have subjected them to gross ridicule and to relentless persecution. It is not possible to determine, at this writing, where the limit of the drug attenuation really lies; and, while the administration of too large a dose of medicine is a thing to be avoided painstakingly, it is no less shortsighted to employ in the treatment of the sick a dose likely to be too small to accomplish its mission of mercy. In view of this atmosphere of uncertainty which hangs about the question of dose, no reference will be made to it in this work, save in a few isolated instances, in which it represents the personal experience of the respective contributors. The

repetition of dose, and the length of the interval to be observed between the periodical administration of the prescribed remedy, has also given rise to much useless controversy. Hahnemann teaches that the physician is to give but one dose of the indicated remedy, and must wait until improvement has ceased before considering whether to give a second dose of the same remedy or to select a new remedy. Many homœopathic physicians, especially the older members of the school, still follow this teaching, allowing hours, days, and, in chronic cases, many weeks to elapse before repeating the dose, or before changing the remedy. In the treatment of acute cases, an overwhelming majority of homœopathic physicians now prefer to repeat the remedy at comparatively short intervals, lengthening these intervals as danger to the patient grows less. In the treatment of chronic diseases the medicine employed should always be given at intervals of considerable length. The sum total, then, of homœopathic practice depends upon: *a*, the selection of the indicated remedy; *b*, the administration of this remedy in the smallest dose which, in the judgment of the prescriber, promises to cure the patient, and at such intervals as seem advisable to the attending physician." This will hardly suit those who style themselves the *true* Hahnemannians; and we ourselves are sorry that Dr. Arndt thus casts the influence of his position so thoroughly in support of the very lowest potencies. Not but what the first decimal potency is quite as homœopathic as the twelfth. In this respect, Dr. Arndt is just as good a homœopathist as Dr. Lippe. But our experience leads us to believe that when the selection of the remedy secures the absolute *similimum* that the dose is never, and can never be "too small to accomplish its mission of mercy;" and that the reason why Miss D. did not respond to the action of ipecacuanha as quickly as Master B., was, that in her case

ipecacuanha, while an analogous remedy, was not the true *similimum*. This develops the point, that a case often gets well under the wrong remedy. A practitioner is called to a case of bronchitis, and from partial knowledge prescribes ipecacuanha, and the patient makes a slow recovery. A deeper knowledge would have led the physician to lobelia as the true remedy, under which the patient would have made a marvelously quick convalescence. The difference is like sending a life-boat out for a drowning man, or throwing him a plank. Either will bring him to land and save his life, but only one can be the best.

In, however, thus emphasizing a preference for the lowest potencies, Dr. Arndt voices the predilections of an overwhelming majority of the homœopathic physicians. It is useless to deny that not only a plurality in our ranks consider the third decimal a *high* potency, but that many notable names which at one time were recognized as belonging to the really high potency party are now to be classed among the very low. The influences which are gradually increasing the preponderance of the lowest potentists over the higher it is not our purpose to discuss here, save so far as they may be re-inforced by this system of practice. The other thirteen writers of this work, as far as they express any preference, do so for the lowest decimals; but usually the remedies are stated without reference to the size or form of the dose.

While, therefore, the influence of this work is, as far as it is exerted, favorable to the lowest potencies, it is, on the other hand, truly *homœopathic* in its teachings. It is, as its title-page states, based on the law of homœopathy. The therapeutic indications are wisely selected and cogently stated. Some writers, as for example Dr. Hale or Dr. Morse, give fuller and more descriptive indications than others, but in all instances the treatment is unexceptionally homœopathic in method and prin-

ciple. Under the head of auxilliary measures occasionally there may be a recommendation, as for instance, Prof. Cowperthwaite's employment of the opium and starch enema in dysentery, which some might disapprove, but these instances are rare, and generally have the force of favorable clinical experience behind them. Again, in a few cases, we must dissent from the decision of an author as to the non-curability of a disease by medication. As for instance, Dr. Conant says: "The treatment of ranula by internal medication is unsatisfactory." We remember of curing two cases, at the Manhattan Hospital, without surgical interference; and doubtless other homœopaths have been equally successful.

Within such minor differences of opinion, differences which must arise in the discussion of any topic among practical men, and which in no wise militate against the general teachings of the work, lies all the adverse criticism to the practical value of this splendid system of homœopathic medicine. We are very glad to be able to speak thus in terms of sincerest praise, for it well might be that the labors of all these prominent gentlemen might have been utterly ruined in the hands of an incompetent or insincere homœopathist. We are especially glad because there has been in covert ways attempts made to damn the work from its inception under the opprobrious epithet of "mongrelism." If we understand that word, it has no appropriateness here. On the contrary, we believe that every sincere friend of homœopathy will rejoice that we have at last a text-book on practice so creditable to our school, so worthy to be the guide of our students, and so succinctly presenting the difference between homœopathic and allopathic therapeutics.

Besides the general introduction, Dr. Arndt contributes the greater part of the section on the diseases of the stomach, and the articles on cancer of the lungs and on fatty

heart. His work here, as elsewhere, is well done, both from a literary and scientific standpoint. We do not know whether he is responsible for the index at the end of the volume, but it is far from what it ought to be. What was needed was an analytical index, embracing every fact embodied in the volume; but instead we have merely an alphabetized list of headings. Again, comparison may be made with Reynolds', very much to the disadvantage of this work. The index to the first volume of Reynolds' contains nearly seven thousand titles, while this has only a little over six hundred. The availability of a work of reference depends upon the completeness and accuracy of its index; and it is a great pity that the few days' necessary labor was not expended on perfecting this one. It would have added a great deal to the practical merits of the work. This omission may be supplied at the close of the third volume, but it will there make a bulky and inconvenient addenda, serving the purpose but poorly in comparison to a perfect individual index to each volume.

Prof. Herbert C. Clapp, of Boston, contributes a very meritorious and exhaustive article on physical diagnosis. This occupies about sixty pages, and will compare favorably with any similar treatise extant. Prof. Clapp is evidently a good teacher. He states his points clearly, precisely, and forcefully, so that they cling to the memory and are not to be forgotten. The Boston University is to be congratulated in being represented by so excellent an exponent. Prof. Clapp also writes the article on phthisis pulmonalis—sixty pages—in which he enters into the history and pathology of this disease with great minuteness. His observations on prevention, hygiene, and climate are worthy of particular mention.

Dr. Lucius D. Morse, of Memphis, contributes the section on diseases of the nasal cavity. His recommendations as to treatment are excellent, and his notes on therapeutics ex-

tended and reliable. Prof. Jos. S. Mitchell is the author of the sections on the diseases of the larynx, trachea, and bronchia—sixty-five pages—which we have read with great pleasure, albeit he has a rather too strong inclination for local measures. Prof. Crawford contributes a valuable article on pneumonia which so thoroughly coincides with our own view that we have no word of dissent to express, save that the value of *veratrum viride* in the first stage, and of *sanguinaria* in the second, we would have liked to have seen more strongly accentuated. The articles on asthma and pleurisy are from the same hand. The therapeutics of the latter should have been worked up more fully.

Prof. Pemberton Dudley, the genial and accomplished editor of the *Hahnemannian*, is the author of a brief but valuable article on the anatomy and physiology of the heart. The diseases of the heart are treated by the veteran Prof. Hale, and a better selection for this department could not have been made. Prof. Hale's notes on the remedies are particularly instructive and pleasing. Prof. A. R. Thomas, in diseases of the great blood-vessels, gives a modicum of homœopathy, but much clinical information of value. Prof. Gilchrist treats on various surgical diseases of the stomach and bowels. Drs. Conant and Laird portion out the regions of the mouth and pharynx. One would naturally have expected that Laird would have written on diarrhœa and dysentery, but these and cognate topics are disposed of by Prof. Cowperthwaite. These three gentlemen are all well-known as authors, and they have fulfilled their task here in a commendable manner. Dr. Jones, of Taunton, contributes a brief article on ascites.

The last one hundred pages of the volume are occupied by Prof. Dickinson in a description of the diseases of the liver and pancreas. We judge that Dickinson does not possess a very sanguine mind as to the efficacy of medicine. He does not say so, but

that is the impression which a perusal of his articles seems to warrant. Outside of his meager therapeutics, he is an entertaining writer, in fact, one of the best in our school, and his articles make one feel as if they would like to know more of him. The pleasant impression produced by his work on practice, issued in 1883, is revived by the perusal of these later writings, and again we venture the prediction made then, that he is destined to occupy, in the coming years, a high place in the regard of his professional associates.

Viewed as a whole, the volume is a dignified and scholarly embodiment of the present state of professional knowledge on the topics which it discusses. The literary style is unexceptionable, abundant space is allotted to each topic, but nothing is wasted on speculative theories, and the treatment, as a rule, is founded upon broad clinical experience. If the two volumes yet to come maintain the same grade of excellence which has been set in this, the homœopathic profession will have a work on practice equal in ability, comprehensiveness and usefulness to any thing of which the dominant school can boast. When it is remembered that, as a school, we are specialists in therapeutics, and that it has only been within the last decade that our writers have developed any real ability in the departments of pathology and ætiology, this is praise indeed.

Perhaps it were as well to mention here a matter which is already known to some of our readers. During the early months of 1883, an apparently preconcerted attack was made on homœopathic practitioners through a number of old-school journals. It was asserted over and over, in varying phrase, but with constant virulence and vehemence, that current homœopathy was a fraud and a deception, that, whatever it may have been in its inception, it was now nothing but a trade-mark which certain members of the medical profession had seized

upon for sordid purposes; that we, who called ourselves homœopaths, did not believe in homœopathy, and that we had long since abandoned it as an actual basis in prescribing for the sick; and that, while trading upon the title, we practiced differently from what we preached. A sneer is generally least harmful when ignored; but it seemed to the editor of this journal that some definite and decisive reply should be made to this villainous attack, and that the most dignified answer would be a volume, or volumes, which should show, by a series of practical articles, the actual opinions and present practice of those who by common consent are entitled to be regarded as the exponents of homœopathy in the various sections of the United States. Acting upon this impulse an address was sent out to about one hundred of the most prominent homœopathic physicians. The replies were gratifyingly prompt and favorable, over seventy promising to contribute out of about eighty answers received. It was then conceived that there would be no difficulty in securing the one hundred and fifty desired. But now an unexpected opposition developed. Various letters were received denouncing the scheme as subversive of the principles of homœopathy. The following excerpt from the letter of a distinguished practitioner will show the scope and temper of these objections: "I must decline the honor to contribute to the proposed work. The accusation that the majority of homœopathic practitioners do not believe in homœopathy, and use the name as a trade-mark only, is only too true; nay, it is also true that but little homœopathy is taught in our colleges. A work such as you propose to publish will only become another additional evidence of the truth of these accusations. The fatal departure from Hahnemann's teachings is a desire to treat 'diseases.' While such works may promise to make the practice of our healing art less laborious, they will in the end leave the practitioner

in an unenviable dilemma if he cannot cure promptly while he relies upon such aid. We all have tried our hands in writing 'on diseases.' You find one of my papers on — in a late number of —. These monographs may give the student an insight and a helping hand in the treatment of these diseases, but a collection of them would never form a 'standard work.' If we desire to prove the accusations made, and by you stated 'unjust,' we must discountenance in earnest the practitioners who resort to treating 'diseases.' The work could have survived the opposition of doctrinaires, who set up a straw man to knock over, but when the list of writers for the first volume was printed a more formidable obstruction developed. Dr. A. wrote that he would not write if an article was to be accepted from Dr. B. Dr. B. thought that the character of the work would not be improved by a contribution from Dr. C. Dr. C. wrote that we probably did not know that Dr. D. was a blackleg and a swindler, and had been driven out of — college in consequence. A very laughable incident occurred one day when two eminent practitioners of Brooklyn sent in their positive declination because the "tother one" had been asked. And they remain even to this day unmollified. Again two or more writers would select the same topic—and each expect the other to give way. One gentleman was highly insulted because he was asked to write on chicken-pox! These and other little pleasantries would have only added spice to our endeavor, had not a really serious question as to the desirability of the plan now presented itself. A letter from Mr. Boericke showed that he felt personally aggrieved that another work on homœopathic practice should be issued in competition with his *System of Medicine*. While not considering our work competitive, both Mr. Chatterton and the writer had been informed, previous to initiating this project, by

persons whom we supposed knew what they were talking about, that the plan of Dr. Arndt had been abandoned: the same as had a former effort in the same direction by Prof. T. P. Wilson. Subsequent correspondence with prominent physicians developed the opinion that the two works would clash if issued simultaneously, and in courtesy to Mr. Boericke we decided to hold ours in abeyance until his had reached the hands of the profession. We believe and earnestly desire that the *System of Medicine* will fulfill all the purposes designed by the Cyclopædia proposed by us; but should there be a demand for anything further in the future we may then revive our projected work in such form as the interests of homœopathy may seem to require. Meanwhile, our thanks are due to numerous colleagues, who so kindly did all in their power to further the projected work, including Drs. Henry C. Allen, Richard C. Allen, William A. Allen, Clarence Bartlett, D. H. Beckwith, W. H. Bigler, Gershom N. Brigham, H. C. Brigham, S. P. Burdick, William M. Butler, E. W. Charles, H. C. Clapp, Clarence M. Conant, A. C. Cowperthwaite, C. B. Currier, N. B. Delamater, John W. Dowling, W. A. Edmonds, E. A. Farrington, Geo. F. Foote, E. C. Franklin, J. G. Gilchrist, T. P. Green, W. E. Green, Edwin M. Hale, S. P. Hedges, T. S. Hoyne, Bushrod W. James, W. H. Jenney, Sheldon Leavitt, E. J. Lee, Saml. Lilienthal, Henry Minton, Clifford Mitchell, and associates of the Medical Science Club, Charles Mohr, John C. Morgan, Claude R. Norton, Geo. M. Ockford, William Owens, G. M. Pease, Geo. B. Peck, W. A. Phillips, Phil. Porter, W. S. Searle, J. Edwards Smith, Eugene F. Storke, H. R. Stout, I. T. Talbot, Geo. H. Taylor, Robert N. Tooker, B. F. Underwood, C. H. Vilas, M. M. Walker, P. P. Wells, and T. P. Wilson.

The cordial and kindly advice and help which we have received from

these distinguished gentlemen have placed us under personal and most grateful obligations to them all.

The Fourteenth Annual Report of the State Homœopathic Asylum for the Insane, at Middletown, N. Y., possesses an interest that seldom attaches to the reports of institutions of this kind. It is a really valuable contribution to the literature of insanity, and will be studied with close attention by physicians of the Homœopathic school, since it records the results of the study, comparison and observation as to the best methods of treating the insane, and also gives a complete review of the latest knowledge, gathered by personal observation during many years, as to the effects of the Homœopathic medication upon the mental and physical conditions of those who suffer from minds diseased.

The State Homœopathic Asylum was organized in 1869 by Dr. George F. Foote. It was intended to be a private institution, and by individual subscription \$75,000 was raised in aid of the project. A site was selected, a plan for the building adopted, and work begun, when it was thought advisable to apply to the State for aid. An appropriation was granted in 1870, and the State assumed control of the projected structure, and made it the nucleus about which the present institution has grown. Other appropriations have been made for the Asylum from time to time to the amount of \$607,137.52, and, as the result of this expenditure, three stately buildings now crown a gentle eminence in the western part of Middletown, while about them are well-kept grounds and a number of smaller buildings, used for various purposes in connection with the Asylum. The Asylum now has accommodations for about 400 patients. The buildings are well lighted, well heated and well ventilated, are kept in perfect sanitary condition and with absolute neatness, are suitably furnished, and are made in all respects as cheer-

ful and homelike as it is possible for asylum buildings to be.

The first patient was received at the Asylum May 20, 1874. Since then it has sheltered 1,532, of whom 1,250 have been discharged. Of the whole number discharged 566 were fully recovered, 183 were improved, and 330 were discharged as unimproved. In other words, 45.78 per cent. of those discharged were cured, and 14.64 per cent. were improved, while 26.40 per cent. had not been benefited by treatment. When it is remembered that this Asylum receives chronic as well as acute cases, these figures make a showing that no similar Asylum can surpass, and are eloquent in the testimony that they bear as to the skill of the physicians in charge, and the efficacy of the gentle and rational treatment which has always characterized the Homœopathic Asylum.

There are many topics in the report that are of general interest, and which might be reviewed at length. Among them is the prospectus of the National House of Charenton for the Treatment of Mental Diseases—the most celebrated insane asylum in France—which shows the difference between the methods of committing and treating the insane there and here. Another topic is the New York system for caring for the insane, which is reviewed at length and its merits commended and its defects pointed out. Dr. Talcott heartily commends the system now in vogue in this State of caring for all classes of patients in State Asylums, and charging those able to pay for them for luxuries and delicacies to which they were accustomed, and for special attendance and other care not extended to those supported by public charity. Still another theme treated on at length is the organization of this Asylum, the duties devolving upon every officer and employee being succinctly stated.

The most important part of Dr. Talcott's report is that in which he treats of the methods employed at the

Homœopathic Asylum for the restoration of the insane. They are: 1. Kindness and gentle discipline. 2. Rest as a means of physical and mental recuperation. 3. Enforced protection (the restraining of violent patients). 4. Exercise, amusement and occupation as stimulants in the renewal of health. 5. Diet and artificial feeding. 6. Mental and moral hygiene. 7. Sanitary surroundings. 8. Medicine. 9. Furloughs—giving leaves of absence to convalescent patients before final discharge. Homœopathic physicians will find much of value in what Dr. Talcott says of the use of drugs in the treatment of mental diseases.

Dr. Talcott asserts that hereditary insanity, which many alarmists have declared was increasing with startling rapidity, is in reality decreasing, a great reluctance being manifested to marrying into families the members of which are insane, while in nearly every instance those inheriting an insane taint develop it early in life and die young. We cannot better describe the scope and aim of the Asylum than by quoting the words of Dr. Talcott: "The design of this Asylum is to cure as many as possible of our fellow-beings who are afflicted with insanity. It has thrown open its doors to almost every applicant. We receive patients from every class and grade in the community, and it is our aim to afford to each individual such care and comfort as may justly be required, and such as may best promote recovery. Here is found seclusion from those toils and worries which have in the outer world precipitated mental disease. Here are provided the means for continued and absolute repose from the exciting causes of insanity. Here the patients are provided with such nourishment and such medicament as their necessities demand. Here regular hours of sleep, recreation, occupation and amusement are ordered. And here the whole tenor of life is made, so far as possible, to accord with the requirements of an ideal sanitary school.

All the laws of health are persistently taught and carefully enforced."

Dr. Edmund J. Lee, the accomplished editor of the *Homœopathic Physician*, has been at work on a *Repertory of Characteristics* for some years. As we mentioned in our December, 1884, issue, Dr. Constantine Lippe had begun printing a second edition of his *Repertory*; a work which was suddenly stopped by Dr. Lippe's untimely death. It is now proposed to unite these two works into one. In fact, the combined manuscript is at this writing nearly ready for the printer. It is said to be arranged in a manner easy for consultation, and to be superior in all respects to Dr. Lippe's former work. Now, the question is, will homœopathic physicians do their part and assist Dr. Lee to publish this grand *Repertory*? The expense of such a work is so great and the demand so limited as to make it an unsafe commercial venture; it can, therefore, only be published by subscription. If homœopathic physicians feel the need of such a work and desire to possess it, they can do so very readily and very cheaply. To publish the work it will require *three hundred* subscribers who will agree to take and promptly pay for it; these secured, the editor will be able to promptly complete his task.

The *Repertory* will be divided into *two* large octavo volumes; the subscription price of these has been reduced from \$4.00 to \$3.50 per volume. The retail price to non-subscribers will be \$4.00 net, per volume. There will be *two* editions published—one on heavy paper with wide margin, for office use; the other on thin paper with narrow margin, for pocket use.

All those who are willing and desirous of assisting in this good work will please send their order to A. L. Chatterton, or to the editor of this journal. Promptness in this matter will be greatly appreciated.

These notes on medical literature have already so trenched upon space desired for other matter, that we can only acknowledge the receipt of the first part (192 pages) of the *Cyclopædia of Drug Pathogenesis*, issued under the auspices of the British Homœopathic Society and the American Institute of Homœopathy. This and several other works must stand over for extended mention until next month.

ITEMS.

FIVE per cent. of all cancers are situated upon the tongue.

A POLITZER air-bag and a Western medical journal are offered to subscribers for the small sum of two dollars.

Phillips' preparation of cocoa, partially digested, is one of the most excellent substitutes for the morning cup of coffee.

Dr. Edgar V. Moffat, Secretary of the New York Homœopathic Medical College, has removed to No. 132 West 44th Street. Correspondents please note the change.

THE Homœopathic Medical Society of Ohio will hold its twenty-first annual session at Pulte Medical College, Cincinnati, on May 12 and 13. A very interesting meeting is anticipated.

THE AVERAGE duration of life in cancer of the tongue is, without operation, ten and a half months; with operation, sixteen months. In some cases, after operation, the patients have lived for from two to five years, or even ten years.

The Chironian has amply filled the void it was created to supply. Its every number is sparkling with bright ideas, and if its conductors are as successful in practice as they are in getting out a lively journal the shekels are theirs.

DR. HENRY B. MILLARD, of New York, has been elected a Corresponding Member of the Société d'Hydrologie Médicale, of Paris, and of the Verein Deutscher Aerzte, of Prague. Dr. Millard is the first American elected to these societies.

ACCOUNTS are published, apparently authentic, of an infant, aged thirteen months, weight eighty three pounds, height about three feet. It is reported to be in good health and intelligent. This interesting monster lives in Norwalk, Conn.

WANTED.—A homœopathist with ten years' experience desires to associate himself with an elderly New York city practitioner. A good opportunity for one in ill health, or who is absent during the summer. Address, M. M., care Dr. Winterburn, 29 West 26.

Mr. Keenan's novel, "Trajan," has met with an instantaneous success. The first edition was exhausted within ten days of publication and the presses of Messrs. Cassell & Company are going night and day to meet the demand for this remarkable story.

The Century for April contains a brilliant article on the Capture of New Orleans, by Admiral Porter. This "war series" is the most successful venture in magazine history. It has carried the circulation of *The Century* to a quarter million copies, and the end is not yet.

"Of the preparations so various and so highly commended by those who put them on the market, the Imperial Granum seems to hold the first place in the estimation of many medical observers, and all agree in condemning the use of nursing tubes as unclean even with the best of care."—*N. Y. Medical Record*.

The North American Review has in its April issue a new department of "Comments," consisting of brief criticisms of articles which have previously appeared. Richard H. Stoddard and others take this pleasant opportunity to offer a single thought when an extended article would, perhaps, find neither room nor readers.

Annals of Surgery is a monthly review of surgical science and practice, ably conducted by L. S. Pilcher, of Brooklyn, and C. B. Keetly, of London. It is handsomely printed on beautiful paper, and its subject matter makes it of permanent value and interest. Indeed, its contents are of such sterling merit that no one, who desires to keep informed of the progress in surgical knowledge, can afford to do without it. It is published by J. H. Chambers & Co., at St. Louis, the annual subscription being five dollars. It may be had, by readers of the HOMŒOPATHIST through Mr. Chatterton.

WE take pleasure in announcing that Mr. George S. Davis, of Detroit, has undertaken to continue the publication of the *Index Medicus*, on the same general plan, and with the same regard to typographical accuracy and finish, as heretofore. On account of the delay to perfect this arrangement, the first number of the journal for the current year will comprise the literature of January, February and March, after which it will appear monthly, as usual. At the end of the year, in addition to the usual annual index of names, subscribers will be furnished with an index of subjects to the volume. So many expressions of regret and urgent remonstrances in regard to the threatened discontinuance of the *Index Medicus* have been received, that we congratulate the profession on Mr. Davis' public-spirited determination to carry on the enterprise in spite of the fact that thus far it has not been pecuniarily remunerative.

THE AMERICAN HOMŒOPATHIST.

NEW YORK, JUNE, 1885.

THE MANAGEMENT OF ABORTION.

BY

PROF. L. L. DANFORTH, M. D.,

New York.

The subject which I have selected for my paper this evening possesses none of the charms of novelty. Every physician who has been in practice any length of time has had experience in this department of medicine, and it is for this reason that I have chosen my theme. The every-day experiences of life are those about which we desire the most accurate knowledge, and if, by this effort, I may elicit any new facts worthy of confidence in the treatment of abortion, or gain testimony which shall relegate to oblivion any principles formerly supposed to be of value, I shall feel repaid for my labor. In the majority of instances abortion is the result of accident or of conditions over which the woman has little control; but yet in many other cases it is the direct result of medicinal or operative procedure, undertaken to avoid the responsibility of child-bearing. In a large city like New York criminal abortion is very frequently encountered, and physicians are often called to attend women who have either by their own efforts or with the assistance of others, precipitated the premature expulsion of the ovum with all the attendant dangers. These are the most troublesome cases with which we have to deal, and their management will receive subsequent attention. I shall not enter upon a study of the *causes* of abortion. It would appear on first thought that a thorough knowledge of the causes of abortion would be necessary in order to properly comprehend the treatment; but such knowledge applies more directly to the prevention or the removal of the causes of this ac-

cident. So far as the management of the expulsion of the ovum is concerned, the subject can be fully understood without any special reference to etiology. I will assume also, for the sake of brevity and simplicity, that the diagnosis of pregnancy is well established, and that the patient is threatened with a premature expulsion of the ovum. I therefore limit myself to the study of the phenomena associated with this act, as it is observed, at any time from the first to the end of the *fourth month*. It should be clearly understood that abortion often takes place without any necessity for interference on the part of the physician. Although an unnatural occurrence, the vital powers are sufficient in many cases to accomplish the work without the aid of medicine or surgery. On the other hand, there are numerous ways in which danger may arise, and the most active and well-directed treatment may be called for. Indeed in the great majority of instances the physician is required either to guard the patient from danger or to relieve suffering.

I shall first mention the measures and remedies necessary for the prevention of abortion when it is immediately threatening. It is well known that the association of the three symptoms—backache, pain and hemorrhage—in the pregnant woman are always indications of an alarming nature. There are many other symptoms which lead up to these which I shall not mention, although they are in themselves important and indicative of the necessity for treatment. The presence of either one of the three symptoms mentioned in a pregnant woman is especially significant, and I would call attention to backache (if persistent) as a symptom which should demand immediate attention. As remedies for abortion which is threatening I would speak first of *aconite*, when fear or fright is

an element in the production of the symptoms. This remedy is useful at any time during pregnancy, but is more apt to be indicated in the early months. Restlessness and fear of death, or general apprehensiveness, are especially characteristic symptoms. *Opium* also is useful where fright is the cause, but the mental state is entirely different from that of *aconite*. The value of *arnica* cannot be overestimated when the symptoms of threatened abortion are due to falls, injuries, shocks, etc., or *rhus tox.* when from strain or over-exertion. *Sabina* is useful in nervous, hysterical women when the discharge is bright red, partly clotted blood; worse from motion, pain from sacrum to pubes, *ipécac.*, *bell.*, *puls.*, *caulo.* are very important in their several places, and their indications are so well known I need not dwell upon them. *Viburnum prunifolium* is a remedy of great value, and its merits are recognized by all schools of medicine. It is said to be "particularly valuable in preventing abortion or miscarriage, whether habitual or otherwise, whether threatened from accidental causes or criminal drugging. It tones up the system, preventing or removing those harassing nervous symptoms that so often torment, wear down and disqualify the pregnant woman for the parturient effort. According to Dr. E. J. Jenks in the "Trans. of the Am. Gyn. Soc.," vol. i., p. 130, it should be given in "doses of a half-teaspoonful to a teaspoonful of the fluid extract four times a day, beginning at least two days before the menstrual date, and continuing it not only during the usual period of the menstrual flow, but two days longer than that discharge continues when the woman is pregnant." In addition to the remedies indicated, rest in bed is the first thing to be insisted upon, and should be continued until all danger is over. I do not think it necessary that the patient should lie upon the back continually, as some advise; but a change of position from side to side is restful, and can do no

possible harm. We need not flatter ourselves that we possess in our materia medica the *only* remedies useful in the prevention of threatened abortion. The *tr. opii deodorata*, in 20 drop doses, and the bromides are very effective in allaying general nerve irritability, and in diminishing uterine action, as I can testify from personal experience. After applying all the resources of our art toward the prevention of the abortive effort, the continuance of the symptoms *may compel* us to recognize the fact that the termination we have been trying to avoid is at hand, and we will now consider the symptoms of inevitable abortion. They are, continuous hæmorrhage, pain of the nature of intermittent uterine contractions, dilatation of the cervix uteri and a patulous condition of the external os. It is quite wonderful how great a hæmorrhage the woman threatened with miscarriage will sometimes endure and yet go on successfully to the completion of her term of uterogestation. Occasionally one will meet with a case, marked by sudden and violent hæmorrhage, which after a short period of rest in bed and the administration of the proper medicine, will entirely subside not to return. The rule holds good, however, that the union of the several conditions named usually leads to expulsion of the ovum. The methods to be adopted in the treatment of irresistible abortion will depend upon the conditions present in each individual case. There are certain principles and rules of practice which should be applied as necessity may demand. These should be well understood and intelligently employed. There are three results which it is desirable to accomplish, viz., *the relief of pain, limitation of hæmorrhage within the smallest possible amount and the complete emptying of the uterus.* Undoubtedly miscarriages frequently occur at the first and second months, and the nature of the real condition is not suspected. The woman goes a few days beyond the usual time of

menstruation and then flows severely, or perhaps she passes over one month entirely and at the second month flows more profusely than usual. No other symptoms are noticed, and the patient goes about in her accustomed manner. In other cases the nature of the unusual flow is suspected, and the woman remains in bed a few days, soon to go about again. Such a favorable termination is not always observed, however. While moderate hæmorrhages and absence of unfavorable symptoms is the rule, excessive and dangerous bleeding may occur as early as the second month. It may come suddenly and without warning, the woman becoming quickly exsanguinated. In the favorable and fortunately common termination mentioned above, no special treatment is required; but in the more serious cases those marked by alarming hæmorrhage, the bleeding must be checked, and that at once. The ovum itself has probably been thrown off, while the membrane and the primitive placenta retain their attachment to the interior of the uterus. The measures to be adopted for the relief of hæmorrhage will be dwelt upon later, and I only desire at this point to emphasize the fact that the early abortions are not absolutely devoid of danger. Abortions which occur at, or about the third month, are the ones which usually give us the most annoyance. At that time the placenta has just formed by the aggregation and growth of chorionic villi at the site of the *decidua serotina*, while the uterus itself is still immature and often incapable of taking on expulsive efforts sufficient to thoroughly empty itself. The uterus does, however, in many cases cast off its contents entire, and in the consideration of methods of treatment we must study those instances in which this result is attained, as well as those in which the fœtus only escapes, while the membranes and placenta, wholly or in part, are retained in utero. Reference was made in the beginning

of this paper to the dangerous and troublesome character of self-induced or criminal abortion. I am of the opinion that the reason these cases are so much worse than others, is to the fact that Nature's aid is not invoked in the expulsive process. Whatever the means employed in the production of criminal abortion, the membranes only are punctured, or sufficient irritation only is produced to originate contractions of a moderate degree of intensity, and these rupture the membranes, discharge fœtus and liquor amnii, while the secundines are retained or become subsequently discharged, or form the nidus of infection or secondary hæmorrhages. The subject of "spontaneous abortion in the early months of pregnancy" has been studied by Dr. Leblond in its medico-legal aspect. He gave in a small pamphlet a few years since, the histories of eleven unprovoked abortions, in none of which the membranes were ruptured. He also quoted from several authors who maintained that in spontaneous abortion in the early months of pregnancy, as a rule, the embryo and its membranes are passed entire, and that rupture of the membranes is presumptive proof of a criminal abortion. Personal experience enables me to say that provoked abortions are commonly characterized by the passage of fœtus and liquor amnii with retention of a portion or the whole of the secundines; while abortion due to causes inherent in the maternal system or to disease in the uterus itself, are more frequently characterized by the passage of ovum entire. Hence the greater dangers and complications which surround the former cases.

In the treatment of a case of abortion the relief of pain is often one of the first demands that may be made upon us. This is especially apt to be the case in primiparæ, on account of the imperfect development and consequent slow dilatation of the cervix uteri. The remedies most useful in this direction are belladonna,

caulophyllum, chamomilla, gelsemium, sabina, and the viburnum prunifolium already mentioned; each one being administered according to the characteristic symptoms so well known to all. The tincture of opium (tr. opii deodorata) is often of great service, even in small doses, in relieving pain and subduing general nerve irritability. It may be given in doses of three to five drops often repeated, or in doses of fifteen or twenty drops less often administered, until the pain disappears. The recommendation of this remedy in the doses mentioned, will no doubt be considered rank heresy by some physicians of our school, but I can see no reason why it should not be given in those occasional cases where the pain is intense and there is no immediate prospect of a subsidence, unless it is obtained by the resources of art. The effect of opium is often beneficial in two ways; as already mentioned, it lessens the irritability of the uterus and of the whole nervous system, and if the separation of the ovum has not progressed too far, it has the power to check the entire process; or, if on the other hand, the abortion is inevitable and the pain incident to dilatation of the cervix excessive the remedy will relieve the latter at the same time that it favors the dilatation, and then after due time, the patient having been comfortable the meanwhile, the foetus is found in the cervix ready to be expelled or removed.

In abortions at the *third* month, hæmorrhage often reaches alarming proportions before the full dilatation of the cervix is accomplished. We must apply our measure at once to the diminution of the flow. Remedies according to specific indications will be all sufficient to accomplish the desired result in most cases. The medicines useful in controlling the hemorrhage are: belladonna, cinnamon, crocus, ipecac, sabina, millefolium, trillium and erigeron. The time may arrive when remedies should be supplemented by other means, and

this point can only be determined by the profuseness of the flow. The degree of hæmorrhage depends upon the extent of separation of the placenta from its decidual attachments. Among the above remedies ipecacuanha ranks first and will rarely disappoint. The element of pain in connection with the profuseness of the flow will enable one to determine approximately the degree of separation of the placenta. A slight flow without pain would lead one to anticipate the subsidence of all symptoms on the administration of the proper medicines. The more profuse the hæmorrhage and the greater the pain the less likelihood is there of a return to the former state of tranquillity and continuance of the pregnancy.

When the hæmorrhage becomes excessive, and there is no prospect that the uterus will speedily empty itself, we must resort to positive means to check the loss of blood. The tampon here finds its greatest field of usefulness. This may be employed merely to check hemorrhage, hoping that thereby the other alarming features will disappear and the case go on to recovery; or if the abortion is really unavoidable the employment of the tampon may be coupled with the use of the sponge tent. The latter should first be placed in the canal of the cervix and just through the internal os; as it swells and dilates the passage it also proves an effectual barrier to the discharge of blood, thus acting as a hæmostatic measure of great value. The cotton tampon should next be placed against the cervix, and round about it, in the anterior and posterior spaces, thoroughly packing the upper portion of the vagina. (The tampon is best made of small pieces of cotton as large as a butternut, and tied at intervals of a couple of inches upon a piece of stout twine, the end of the latter hanging out of the vagina to facilitate removal). It is impossible to place a tampon so that it will perfectly answer its design without

the aid of a Sims's speculum. The operation can be done with an ordinary bivalve instrument, but not nearly so well as with the Sims's. If the cotton is not compactly placed in the vagina the operation will be of little value, since the blood will surely ooze past a carelessly applied tampon. The sponge tent referred to is not an indispensable requisite in the management of these cases, but when at hand and indicated, it certainly affords additional security against hemorrhage. The tampon may be left in the vagina from six to eight hours, and after removal, reapplied if necessary. The fœtus and secundines will often be found in the cervix, ready for removal after a single application of the tampon.

No time need be spent in discussing the management of those cases so often met with in which fœtus and secundines are thrown off *en masse*, and with almost a single effort of the uterus. The only danger here is that the patient may be so exsanguinated from the great loss of blood that sometimes occurs in connection with the process as to render her recovery very slow. Rest in bed and the administration of china, with nutritious food, will work wonders here, however, and these patients give us little anxiety. Much more troublesome and perplexing are those cases of miscarriage in which the ovum is cast off and the placenta is retained, either in part or entire. There are two diametrically opposed opinions held by physicians at the present time with respect to the management of these cases. Much the larger number, and among whom are all the older physicians, advocate what may be called the expectant plan of treatment: that is to say, they believe that it is perfectly safe to permit the secundines wholly or in fragments to remain indefinitely within the uterus, where nature is not equal to their immediate expulsion. These respected members of the profession give their patients medicine, perhaps *pulsatilla* or *caulophyllum*, and let them take the

chances on the future. Sometimes they are informed that "everything" has come away all right, and sometimes they hear nothing more of the case and therefore assume that the result was favorable. At any rate, these gentlemen say their patients do not die from septicæmia, as the advocates of the opposite and more active plan would naturally anticipate. The younger, and perhaps bolder and more aggressive spirits in this department of medicine, believe that it is unwise and dangerous to the last degree to permit patients to go out of their sight while any portion of the placenta or membranes remains within the uterine cavity. Wherein lies the truth is the problem to be solved. There is no division of opinion upon this point, viz: as to the advisability of removing ovum and secundines, when the mass can be easily reached; furthermore, it will doubtless be admitted by all that no instrument that was ever devised can equal the finger of the examining hand, when this can be made to encompass the mass and accomplish its removal. The physician who would neglect so palpable a duty would indeed be guilty of censure. But it seems that the way is not so clear when the secundines, or any portion thereof, are retained and the uterus is closed against their immediate removal. The question at once arises: shall active measures be taken to remove the secundines, or shall they be left to come away as best they may, or perchance to remain, and thus form a nidus from which infection may occur, to say nothing of the remote evils which now and then are observed from the formation of placental polypi. The rules which guide the writer are these: When the ovum has been cast off, with retention of the secundines and closure of the cervix, it is perfectly safe to administer either china, *caulophyllum* or *pulsatilla*, as may seem indicated, at the same time that the patient is kept under close surveillance. Should hæmorrhage co-exist with retention

of any portion of the secundines, the remedy and the tampon may be used together. I do not believe in re-applying the tampon several times; if the cervix is not open and the placental tissue ready to come away, while hæmorrhage continues, it is better to dilate the cervix and use the curette, to thoroughly empty the uterus at once. I have employed the curette a great many times and never have had occasion to regret the practice. On the contrary, I am sure I have saved many patients from the danger of hæmorrhage and septic infection by so doing. In the hands of one accustomed to the employment of instruments in the cavity of the pelvis, and within the uterus, the curette is a perfectly safe and beneficent instrument. More than once have I seen a woman relieved of a sharp chill, followed by rigors and a high fever, by removing from the uterus with a curette a small fragment of placental tissue. More than once have I seen a woman who had flowed for weeks until she had become unfit for the duties of life, entirely relieved by the removal from the uterus of placental tissue which had formed into a polypoid mass. These untoward results may all be obviated by the adoption of the more active plan of treatment which by all odds, in my opinion, is the wiser one. Not that all women who are treated on the expectant plan suffer the dire results I have mentioned; but now and then one unquestionably does, and it is our bounden duty to so practice our art that not a single individual suffers unnecessarily. While I do occasionally wait upon nature's efforts to rid the uterus of its contents, as indicated above, and do give the remedy that will facilitate the removal of the mass, I never feel safe until I am sure that all has come away. On the first indication of a chill or rise in temperature, or should the discharge become offensive, the curette is used. My more common practice is to cautiously use the curette at once if bleeding con-

tinues and I have reason to suspect that all has not been thrown off. I am not sure until I have done this that the woman is safe from future trouble. I believe fully in the following extract from a paper by Dr. Paul F. Mundé, published in the *American Journal of Obstetrics* for 1883, and I believe it should be the axiom of practice for all physicians. He says: "I wish to add my testimony in favor of the forcible (that is, manual and instrumental) removal of the secundines immediately after the expulsion of the fœtus, in every case where the cervical canal is sufficiently patulous to permit the introduction of the finger or of the large dull curette or the placenta forceps. Further, if there is hæmorrhage, or an offensive vaginal discharge, or if the temperature rises, or there is a chill, and the secundines are still retained, no matter how soon or how late after the expulsion of the fœtus, they should be at once removed, and if necessary, the cervix dilated to facilitate the operation."

DISCUSSION.

DR. McMURRAY: I think that I can say amen to almost the whole of Dr. Danforth's specifications. There are one or two things that I would like to emphasize. The first is the propriety of keeping up the courage. I have seen cases in which the hæmorrhage or pain lasted for days. I recollect a case in which the lady had a hæmorrhage about every two weeks, for the whole nine months. She had a perfect baby, however. The necessity of absolute rest, I think, is not sufficiently thought of. It is not simply that the lady must keep her room: she wants a horizontal position. It is not necessary for her to lie on her back, but she should not get up: then again, in many instances, all sorts of mental anxieties should be strictly prohibited.

There is one remedy the doctor has mentioned, which we do not often hear spoken of, and that is opium. For six years I was associated with

Dr. Freeman, and one of the most important remedies of his was opium. You will often find in these cases the ladies are peculiarly nervous, and cannot be pleased, and you will get all that you expect by the use of opium. Another remedy of which I perhaps make too much account is secale.

I am glad to hear the doctor return to the common sense method of the tampon, one that is ridiculed, and condemned by our strictly homœopathic authors.

With regard to the difference between criminal abortion, and physiological cases, I think the doctor is perfectly correct. It is criminal abortions with which we have the most trouble.

I have only one more point to mention, and that is with regard to the treatment of the retained placenta. The doctor says that he expected opposition to his position. I do not know that I am prepared to oppose him. Theoretically he is correct, if we can reach the placenta and secundines, and grasp and remove them, it is the proper thing to do. My experience leads me to believe that the danger that is apprehended in regard to leaving the early placenta attached, is greater than is necessary.

I have often, I do not know how many times, left those cases. I never knew what became of them. I never lost a case in my life. My interference depends altogether upon the condition of the patient. If symptoms demand interference proceed at once to dilate and deliver the placenta, otherwise my plan is to let well enough alone.

Dr. J. RALSEY WHITE said that he agreed with Dr. McMurray, and that in his experience waiting for the placenta was safer (when it cannot be reached with the fingers), than the application of instruments of any kind.

In an experience of thirty years I have attended a large number of these cases. I have never had a fatal case. Four cases were very severe, resulting in metritis, and two of these in metro-

peritonitis. Two of these were treated by manipulation (placental forceps and the curette). My impression is, that the use of these instruments aggravated the inflammatory condition more than the presence of the secundines. In the use of instruments, we are deprived of the sense of touch, as well as of sight. We cannot know what we are grasping with the forceps, or what we are scraping with the curette. I have waited from one or two days to four weeks for nature to empty the uterus, giving remedies to prevent or arrest inflammation and severe flowing. In one case of a woman who had had three criminal abortions, the fœtus coming away and nothing else, the woman got up and went about, but was troubled occasionally with periods of flowing; then she would get better for a time, and then have another spell of flowing. In five or six weeks she was around and out. Nearly ninety days after the birth of the fœtus the placenta came away. This placenta was just as fresh as, and looked like a placenta that had been delivered in two hours. This, her last sickness, was precisely the same as the two preceding it—the intervals were about two years, she carrying the placenta three months, in each of the three abortions.

DR. SCHLEY:—It seems to me, Mr. President, that the cases cited by Drs. White and McMurray (where the placenta or decidua were knowingly left in utero) might fall under the division of incomplete abortion, as described by Breslau. The terminations, as he cites them, when the ovum was expelled in an intact or mutilated condition—are—1st. spontaneous elimination of that portion of the product of conception remaining within the uterine cavity, as the result of the retrograde metamorphosis, accompanied by intermittent hæmorrhage and uterine contractions.

2d. Sometimes—though seldom—hæmorrhage ceases entirely, and the patient is apparently well. This interval varies from a few days or

weeks to months. Suddenly hæmorrhage and pain occur and the intra-uterine mass is expelled. This retention with long interval of rest, is noticed when the placental or decidual attachments are intact. That this act constitutes the termination of labor, so to speak, is apparent from the fact that the milk secretion is usually established at this time, and the reductive metamorphosis is established.

3d. More frequently the retained decidua or placenta undergoes suppurative or ichorous changes, as the result of which systemic infection is liable to occur.

4th. The retained placenta or decidua may become converted into placental or fibrinous polypi—conditions requiring always operative interference. Within the past ten days I was called to treat a lady suffering from an abortion. On reaching her house she was found exsanguinated. On examination the placenta was found presenting at the os externum, and was cautiously removed. In examining more carefully no more placenta could be detected. The patient was then in a high fever, within 48 hours from this visit she had five chills, followed by high fever, tenderness over uterus, etc. I was convinced a portion of placenta remained, and curetted, removing a small mass not much larger than the end of my thumb, within six hours the fever abated and she convalesced rapidly. After curetting I make it always a rule to thoroughly wash out the cavity of the uterus with a solution of carbolic acid or corrosive sublimate. This after-treatment in instrumental interference is of the utmost importance. I should hardly think my whole duty performed should I discharge a patient with a retained placenta.

DR. WILDER :—I have to say that I do not believe any *arbitrary* rule can be established suited to all cases. When I am called to a case of abortion and the fœtus has passed and hæmorrhage is taking place, I at once

seek for the cause, and if I find the placenta remains in the cervix or os, and I can pass my index finger sufficiently far up so as to bring the placenta or a portion of it away gently, I do so ; if not, I give remedies to dilate the os, and at the same time try to dilate with the use of my finger. I never have had any success in the use of placenta forceps, nor have I ever failed to cure without them. My course of treatment has been to wait if you can, and allow nature to aid you as she very often will, and does. First "be sure you are right, and then go ahead."

CONSCIOUS AUTOMATISM. *

BY

CHARLES PORTER HART, M. D.,

Wyoming, Ohio.

It is not the object of this paper to discuss cerebral automatism in all its relations, but only as it concerns *men*, and that, too, in a single particular. The question we propose briefly to investigate is, are the higher automatic actions in man, that is, actions which are usually of a voluntary character, ever entirely and exclusively automatic ? In other words, when the organ of the mind, the cortical substance, is present, and in a state of integrity, do the higher automatic actions, those which usually display intelligence, ever take place wholly independent of, or uninfluenced by that organ ? The current answer of physiologists is that they do ; that the central ganglia become so educated as to perform this office when the hemispheres are asleep, or engaged in other forms of what may be conveniently termed "conscious cerebration." Thus, as illustrated by Dr. Althaus, "a pianist, for instance, finds himself playing one of Rubinstein's sonatas by heart, and is perhaps thinking all the time of his coming trip to Switzerland, or something

* Abstract of paper read before the Minneapolis Meeting of the American Association for the Advancement of Science.

else which may happen to engage his attention; that is, the 'central ganglia' play the sonata, while the hemispheres are busy elsewhere. A very worthy country parson told me some time ago that when he reads prayers at church he does so quite as an automation, for his mind keeps wandering in a totally different direction. A man who knows London may walk from his house through a maze of streets with the greatest precision to his club, where he arrives without having given the slightest attention either to the act of walking or the direction he took, but having been quite in another world of thoughts all the time he was on the way." Now, is this true to the extent here represented? Are the "central ganglia," in these cases, *entirely* their own masters? Are they *wholly* divorced from the higher centers, as at first glance they appear to be? I think not. There may be no *perceptible* conscious cerebration, but nevertheless the cortical centers influence the movements to some extent. Otherwise both the player and the preacher, in the above cases, would be liable to get more or less "mixed" in their performances; for, as all intelligent automatic acts are the result of education, must there not be some higher controlling influence to limit and define each series of acts, so as to separate them from all others of a similar character, and which, from education, are equally automatic? Not that any apparent effort, so to speak, is necessary in these cases on the part of consciousness and volition, but simply that, notwithstanding the mechanical manner in which all such movements are performed, *some* controlling influence is necessary on the part of the gray surface of the brain. A man accustomed to writing does not ordinarily think of the manner in which he shapes his letters, but yet there is undoubtedly a connection between the seat of peripheral ideation and the ganglia which control the mechanism by which the thoughts are

recorded, otherwise there would be no agreement between them. Why does he not write something different from what he thinks? Simply because there is a controlling influence, and consequently an operative convention, between the seat of ideation and the so-called automatic ganglia which give expression to the thought. This is well illustrated, if not proven, by the two forms of aphasia, the atactic and the amnesic. It has been satisfactorily demonstrated that the part of the surface of the brain nourished by the middle cerebral arteries, presides over both speech and muscular motion in the extremities. This furnishes the key to the two kinds of aphasia; for when the cells of gray matter, which originate the force which produces speech, are destroyed, all idea of language is lost; but when the fibers that conduct the force are destroyed, the motor power is lost which supplies the mechanism of speech, or articulation.

It is not claimed that the higher centers are not wholly detachable from the lower automatic centers in the case of some of the lower animals; as in that of some birds, which, as Ferrier has finely said, start from the egg already fully equipped, like Athene from the head of Zeus, they being in great measure "conscious automata." But in the case of man, we often see the operation of the higher centers at work when the mind itself is preoccupied, and the person supposed to be wholly under the control of the lower centers; as when one reads his morning paper, or an interesting letter, while walking to his house, or over some familiar route. Here the automatic action of walking comes into play; but observe how slowly and carefully the man walks, being guided by the sense of sight, which, while directly engaged upon the paper, is also sufficiently stimulated by the oblique, or indirect rays, from either side, to enable him almost unconsciously to direct his steps. When very much interested, and the

mind thereby more completely withdrawn, this influence ceases to make the necessary impression, and he stops on his way until, the mind becoming less preoccupied, he again slowly resumes his automatic journey, and so on until the reading is over; then, the action becoming voluntary, or less automatic (being reinforced by power from above), his walk is henceforth normal.

That this explanation is correct is shown by the fact that when the mind is so intensely occupied as to render the action decidedly automatic, mistakes are frequently made, the actor running against objects with his eyes open and his vision unobstructed, going into wrong houses and other like errors. This is called "absence of mind," and so it is; the automatic action is imperfect, simply because the influence of the higher centers is more completely withdrawn.

That this view of the so-called automatic action in man, though contrary to the usual doctrine on the subject, is not altogether singular, and that even the most automatic actions of man require the coöperation of the centers of conscious activity, is shown in an able paper by Dr. Ireland in the *Journal of Mental Science* for October, 1875, entitled, "Can Unconscious Cerebration be Proved?" Ferrier also takes the same ground. He says: "In proportion as volition predominates over conscious automatism, is education necessary to perfect the powers of movement. In the same proportion are the cortical motor centers developed; and in that proportion are the powers of movement paralyzed by destruction of the motor centers of the hemispheres." (*Functions of the Brain*, p. 292.) This last-mentioned fact is, I conceive, a conclusive argument against the generally received theory on this subject, even in the case of most of the lower animals; for why, when the central ganglia remain intact, should the destruction of the cortical centers of the brain

necessitate the application of a much stronger stimulus than before, in order to excite automatic action? Is it not, *must* it not be, because the automatic mechanism has thereby been deprived of power previously exercised in so-called automatic actions?

But how shall we account for the prevalence of the contrary view? Doubtless it is due to the fact that physiologists have fixed their attention too exclusively upon the phenomena as manifested in the lower animals, in which the cortical centers are comparatively small or but weakly developed, and the removal of which therefore exercises less disturbance of their ordinary modes of action.

In summing up the argument we can not do better than to quote the words of Ferrier (*loc. cit.*): "In man volition is predominant; education is long and laborious; the faculty of special motor acquisition is unlimited; the cortical motor centers reach their highest development, and their removal causes such complete and enduring motor paralysis as to indicate that *automatism in and by itself is scarcely detachable from the centers of consciousness and volition.*"

A FURTHER STUDY OF THE PROVINGS OF ALETRIS FARINOSA, WITH COMPARISONS.

BY

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New York.

The following symptoms are taken from the day-book of the provers and tabulated in materia medica form, after the order of Hahnemann.

Mind. The mind has a tendency to run on pleasant thoughts, but does not remain on one subject long at a time.

Can not concentrate the mind on study.

Mind very much confused and wanders; have to concentrate all the energy to keep it on the subject engaged with.

Mind continually wandering on occurrences of past life.

Thoughts are very pleasant ; have no tendency to brood over sorrow.

Head. Heaviness in the back of the head as if the weight would draw it backward and the neck had not the strength to prevent it, accompanied with a feeling as if the scalp was contracting across the back, and drawing the sides of the occiput together ; all passed off while eating. Slight pain in the back of head and neck, which continued for twenty minutes.

Dull, heavy headache in different parts of the head, which continued all day, and increased after every dose.

Just before taking a dose, I felt a slight pain in the back of the head, and immediately after, felt a great weight in the occiput. Pressure in the forehead over the eyes and a queer sensation behind the ears.

Heaviness in the back of head, forehead feels as if in a vice with a dull pain running from right temple over the eye, down into the eyeball.

Heaviness in back of the head and a feeling as if the temples were being pressed together, accompanied with an occasional twinge of pain in right temple. There is a continual queer feeling in the occiput.

Felt an ache in the back of the head and pressure over the eyes. All the afternoon have felt tired and relaxed, with a dull, heavy, confused feeling in the head. Pain for two hours on the left side of occiput just behind the ear. Headache on the top of the head aggravated by bending it forward or straining at stool. Heaviness on top of the head and in the forehead over the eyes.

A feeling as if the temples were in a vice being squeezed together.

Dull pain in right temple.

Dull pain in the top of the head, at the same time a feeling as of great weight in the back of it.

Heavy weight in the back of the head, with a dull pain over the eyes

and through the head from temple to temple.

Forepart of head feels as if in a vice.

Almost immediately after taking a dose, I felt a strange feeling all through the head, which gradually settled down into a dull pain in the occiput ; all passed off in about ten minutes.

Eye. A feeling as if the eyelids were being pressed downward ; could hardly raise them.

Dull pain over right eye which ran down into the eyeball, was only relieved by closing the lids. Sharp lancinating pain in the right eyeball, lasting about two minutes.

Nose. Soreness inside the tip of the nose for five days.

Soreness just inside the tip of the nose for two days right side the worse, which was cracked.

Nose sore just inside of tip on left side.

A profuse, bland, watery discharge from the nose.

Throat. Pain in right side of the throat all the afternoon, and at five P. M., pain came in the left side close up under the jaw, with hyperæmia of the mucus membrane of both larynx and pharynx.

Ill defined pain in the throat, only lasting a short time.

Pain in right anterior pillar of pharynx, which was intermittent, feeling like the shocks of an electromagnetic machine being run slow but strong, aggravated by any movement of the head that would put the muscles of that side of the throat on a stretch, accompanied with hyperæmia of the larynx and pharynx.

Stomach. Nausea with pressure in the forehead.

Nausea aggravated by the sight or thought of grease, relieved for one hour by eating.

Nausea only lasting for a few minutes. Appetite entirely gone ; have to force myself to eat.

After each meal raising of large quantities of wind.

On rising from bed a sickly, all-

gone feeling in the stomach that made me so faint that I was obliged to eat something which relieved it.

Every morning on rising, since discontinuing the drug, have had a headache, with a nauseous faint, all-gone feeling in the stomach, which would pass off after eating a little.

Feeling as if I would faint, accompanied with nausea.

Raising of food in the mouth which was eaten nearly three hours before, with burning in the throat.

Abdomen. Gripping pain all through the abdomen, lasting about one hour.

Abdomen feels as if filled with wind, which goes from one place to another and causes pain, relieved by passing flatus.

Felt nausea and dull pain in lower part of the adomen. Cramps all through the abdomen lasting about thirty minutes. Pain all through the abdomen, which gradually settled down into lower part, relieved temporarily by passing flatus, but permanently by a diarrhœic stool.

Pain all through abdomen, aggravated by bending forward relieved by bending backward. Sensitive as if all the intestines were sunk down in the lower part of the abdomen, and were being cut with knives, relieved by a scanty diarrhœic stool.

Have had pain in the abdomen (mostly lower part) by spells ever since rising, until 3:30 P. M., when it was relieved by a diarrhœic stool.

Soon after eating there came a dull, aching pain in the hypogastric region and across the back of the hips.

Stool. Stool hard, not large, but expelled with difficulty.

Stool was hard and expelled with much difficulty.

Stool delayed two days, and when it was passed, it was hard, scanty, causing straining to expel it, followed by a constant desire to urinate for half an hour.

No passage for three days, and then it was hard, small, scanty, and not easily expelled.

Had stool, which was hard, small, requiring great effort to expel it.

Frequent attempts were made during the day to have stool, but was not effected until 10 P. M., the stool being hard, small and scanty, causing great effort to expel it.

Stool was hard, but passed easier than the previous day.

Stool hard, requiring much straining to expel it, which aggravated the headache.

Stool hard, but expelled easy.

Had one stool to-day, which was hard.

Hæmmorrhoids not felt since taking the drug.

Stool thin and diarrhœic, having three hard lumps in it.

Scanty diarrhœic stool, which relieved pain in the lower part of the abdomen.

There was much tenesmus during and after stool, with a feeling as if the rectum was closed.

Fæces and flatus had a decidedly bad odor.

Pain commenced at anterior superior spine of crest of ilium, and ran down to pubes, with a feeling as if diarrhœa would come on, but none came.

Severe pain like a cramp in each groin, coming together at the pubes, lasting five minutes, with a slight intermission, accompanied with a feeling that I must hurry to the closet and have a passage, which I did, the stool being perfectly natural.

Urine. Have urinated very seldom since taking the drug.

Phosphates slightly increased in urine.

A continual desire to urinate for half an hour following a constipated stool.

Female Sexual Organs. Pain commenced at the pubes, ran down left labia, and then shot upward, diverging to the left, coming out near the umbilicus. This pain was like a knife being run up through from the left labia.

(A profuse leucorrhœa, staining the clothes yellow and smelling of stale urine was cured.)

Sensation in right hypogastrium.

(1½ inches above and 2 inches to the right of the center of the pubes) as if the hand was clutched hold of something inside and was tearing it out, coming on very sudden and severe, lasting for two minutes, when a pain ran from it down into right thigh.

Pain in the left hypogastrium (1 inch above and 2 inches to the left of the center of the pubes) which gradually increased, reached its maximum, and gradually disappeared.

On rising from a seat, a sharp cutting pain came in hypogastrium, a little above the preceding.

Sharp pain in both groins, which continued all the evening.

On rising from bed pain ran from anterior superior spine of crest of the ilium down to the pubes. (I always have such pain when I am unwell.)

Dull, heavy bearing down in the hypogastric region.

My courses came on at the regular time with no pain. I would not have known I was having them had it not been for the flow, something that never happened before. It was very scanty, not amounting to half what it usually does.

Menses appeared at the regular time, but was scanty and not accompanied with pain, something that has not occurred for years.

Breast. A sharp pain ran down from lower point of left scapula through to left breast.

Pain as if a knife was run into left breast, lasting about two minutes.

Sharp pain in left breast, which lasted about one minute, then it went through in to back just left of lower part of right scapula.

Neck and Back. Sensation as if the back would break just above the waist.

Sensation as if the back would break in two about the middle.

Had pain in center of back of neck which ran off into left shoulder. The pain in shoulder continued about thirty minutes and disappeared, when the pain in back of neck moved up

into occiput and continued all the evening until I fell asleep.

Pain commenced back of right ear, and ran down the anterior surface of sterno-mastoid muscle.

Pain commenced back of right ear, ran down the sterno-mastoid muscle, lasting about one minute, leaving it sore to touch.

On rising at 7.45, I felt very tired and ached across the back of the hips. I also had pain and heaviness in back of the head, with sharp pain running down the right trapezius muscle, which was aggravated by bending the head forward, relieved by bending it backward; all passed off except headache at 8 A. M.

Upper Extremities. Sharp pain came in the right shoulder joint, streaked down the arm, then in left chest, where it located just above the nipple.

Lower Extremities. Several times during the evening paroxysms of pain were felt in the right thigh.

Continual aching pain in the groins, occasionally running down the top of the thighs, being most intense in the knee joints.

Pain commenced at the anterior superior spine of crest of the ilium, and ran down to the pubes, which lasted about five minutes, when it disappeared, and then began to ache down the anterior parts of the thighs and legs to the feet and all up the back, locating across the back of the hips.

All night had pain running down the tops of my thighs, but much worse in the knee joints, which caused me to toss about in bed and prevented me from sleeping.

The forenoon I was on my feet, during which time I felt no pain in the knees, but in the afternoon while sitting, pains in the knees have been a great annoyance.

Skin. Simple papillary eruption, with much hyperæmia and hyperæsthesiæ of the surrounding integument, across the chest and upper part of the back, which itched so it was almost unbearable. It was made worse

by scratching with the nails, but relieved by rubbing with the palm of the hand.

Sleep. Was very restless all night ; worse fore part.

Have not been able to sleep well since taking the drug ; would lie awake until 12 or 1 o'clock, and then sleep was disturbed until late in the morning, when I could sleep undisturbed.

Could not sleep any all night ; had terrible dreams which would awaken me.

Sleep very restless ; could not get asleep until very late, and then as soon as I fell asleep would have terrible dreams which would awaken me, until very late in the morning, when I could rest very well.

Can not get asleep until very late, and then sleep was very restless until late in the morning.

Can not sleep ; am troubled with both physical and mental restlessness ; worse fore part of night. Very restless nights which prevents me from sleeping ; worse in fore part of night.

The mental symptoms of aletris are quite characteristic. It stimulates the mind, but at the same time weakens the energy and power of control, so that the thoughts wander on different objects and can not be concentrated on any one subject, but the prover chooses the pleasant side of the different subjects, there being no tendency to brood over sorrow.

Ailanthus has inability to concentrate the mind on any subject, but the patient is sad and depressed. With *dulcamara*, *ferrum*, and *sticta*, the patient can not concentrate the thoughts, the reason being a confusion of the mind, while with aletris the thoughts are clear and active, but the prover has not the power to control them.

With *iris vers.* the patient can not concentrate the mind on study, but is low-spirited and there is great dullness of the mental faculties, the patient thinking but little on any subject.

Arnica. The thoughts wander from their object and dwell on imaginary fancies, while in aletris the thoughts wander more on occurrences of the past life.

The *valerian* patients' thoughts pass quickly from one object to another, but there is much more nervous erethism and excitement than with aletris, and large doses of valerian produce a decided melancholia.

Aletris has been considered as a close analogue of *helonias dioica* on the female sexual organs, although the provings do not show much similarity, yet clinical experience has proved them to be useful in a like class of cases.

No matter how much similarity there may be in their action on certain organs they can easily be distinguished by the mental symptoms.

Instead of the pleasant thoughts and inability to keep the mind on any subject with aletris, we have with *helonias* a profound melancholia and a relief to the patient when the mind is engaged on some subject. One of the chief characteristics of the head symptoms is a weight in the occiput, and at the same time a weakness in the cervical muscles, causing the head to fall backward, or an effort on the part of the prover to prevent it from falling backwards.

Opium. Has a heaviness in the occiput with the head falling backward, but is due to a hydrocephalic condition of the head and not to weakness of the cervical muscles.

Muriatic Acid. Has heaviness in the occiput as if the head would fall backward, but is accompanied with a steady, sharp pain in the back of the head, while aletris has generally no other pain than the sensation of a great weight.

Kreasotum. Has heaviness in the occiput as if the head would fall backward, but the heaviness is due to a feeling of great fullness in the occiput.

Viola Tri. Has heaviness of the head, which is drawn backward, but the heaviness is not necessarily in the

occiput and is made worse on rising ; relieved by bending the head forward.

Viola Odor. Has heaviness of the head with weakness of the posterior cervical muscles, which causes the head to fall forward. Another symptom rendered important from its continued appearance is the sensation as if the temples were being squeezed together.

This symptom I do not think should hold the place of importance that the foregoing one does, for the reason it only occurred with the female provers, and they had all experienced the same symptoms before, but none of the provers ever before the provings had experienced the weight in the occiput, but have since, and if a potency of aletris is taken it aggravates the condition very much.

Natrum Mur. Has pressing headache from both sides as if in a vice, and it also has heaviness in the occiput, but the patient is very sad and dwells on past unpleasant occurrences while the aletris prover is not sad and dwells on past pleasant occurrences. The one predominating symptom of the nose is the soreness just inside the nostril.

Amon. Mur. Has soreness inside the nose, but at the same time a soreness around the margin of the nostril. One of the provers complained of nausea, accompanied with a feeling as if she would faint.

Verat. Alb. Has nausea with sensation of fainting, but the nausea is generally accompanied with violent thirst.

Cocculus. Has nausea in the morning ; the patient is scarcely able to rise on account of faintness.

The symptoms that would seem the most characteristic of the stomach is the nausea, accompanied by a faint, all-gone feeling in the abdomen, the whole condition being relieved by eating. This nausea occurs mostly in the morning.

One of the provers who had never experienced these symptoms before

the proving has had it nearly every morning since she finished, feeling obliged to eat something before going on with her work.

I know of no remedy that has all these symptoms combined.

Cinicifuga, Sepia, and Murex. Has sinking or goneness in the epigastrium, but is never accompanied with nausea.

Anacardium. Has nausea in the morning, with an empty feeling in the stomach, but the nausea is more apt to be aggravated than it is relieved by eating.

Mephitis. Has nausea, with an emptiness in the stomach, but is accompanied with a feeling as if the head were distended.

Borista. Has nausea and vomiting in the morning, relieved by eating, but the nausea is not accompanied with the faint, all-gone feeling of aletris, and only water is vomited.

[To be continued.]

THERAPEUTICS OF ACUTE ATROPHIC SPINAL PARALYSIS.

BY

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Philadelphia.

As soon as the acute spinal paralysis declares itself, absolute rest should be enjoined. During the early stages of the malady, this is the cardinal point in the treatment. *This rest should not be interfered with by ill-advised applications of faradism to the affected muscles for therapeutic purposes.* At the end of the first week, it will be well to test thoroughly the reactions of the affected muscles under both the galvanic and the faradic currents. This is done for purposes of diagnosis and prognosis only, and having been completed, all further applications of the battery to the paralyzed muscles should be abandoned until all inflammatory symptoms have passed away. Although peripheral electrization is at least useless if not harmful, galvanization of the affected area in the spinal cord,

will prove beneficial, if a mild and continuous current be used. From five to ten cells may be employed. A large well-moistened sponge electrode attached to the positive pole, is applied on the spine over the cervical or lumbar enlargements or both, according to the region affected, while the negative electrode is placed on some indifferent part, probably best on the anterior surface of the body. The sittings should continue for about five minutes and should be repeated daily. In making the application, care should be exercised to prevent sudden breakings and closings of the current.

Along with rest and galvanism as above recommended, the proper internal remedy should be administered. In the early stage, we may select from aconite, gelseminum, belladonna and arsenic.

The first mentioned of these remedies, *aconite*, will of course suggest itself on account of the symptoms manifested, before there is any appearance of loss of motor power and consequently before the diagnosis of acute atrophic paralysis has been made. When, however, as shown by the onset of the paralysis, the inflammatory process has become localized in the anterior coruna, *aconite* ceases to be the remedy. Then we must look to gelseminum, belladonna or arsenicum.

Gelseminum has been highly recommended by Dr. John C. Morgan of this city. In its provings, it has produced motor paralysis with but little impairment of the functions of the sensory nerves. It will then be of use in the treatment of this disease, in the early stages immediately after the paralysis has declared itself.

But when, after the paralysis has appeared, the fever and other symptoms of inflammatory action continue severe, *belladonna* will be the remedy. The higher the degree of local inflammatory action in the spinal cord, the more suddenly the paralysis will come on, and consequently, the more certainly will belladonna be indicated.

Arsenicum album has in accidental

poisoning cases, produced all the symptoms of acute spinal paralysis, the paralysis, the subsequent muscular atrophy, and the reaction of degeneration. Probably the best period of the disease in which to administer it is at the end of the second week, when, in the majority of cases, the symptoms of irritation have subsided, and the stage of regression is about to begin.

After the stage of regression has commenced, judicious applications of electricity to the paralyzed muscles will be of value. In those cases in which the muscles fail to respond to faradism, that current will be of no avail and galvanism should be employed. The current selected should be of sufficient strength to produce muscular contraction, and no stronger. The positive electrode should be placed on the back, over the diseased area in the cord, and the negative, over the motor point of the paralyzed muscle. Then slow interruptions of the current should be made. Particular attention should be paid to the motor points. In fat subjects and in restless infants, this may be impossible, in which case, the positive electrode should be placed as before, while the negative is stroked over the affected muscle, the motion of the electrode serving to interrupt the current. When it is desired to act upon single muscles, the negative electrode should be small and olive-shaped, and covered with well-moistened sponge or chamois skin. But when labial applications are made, both electrodes may consist of large disks well covered with moistened sponges. Care should be taken in making these applications, that the muscles are not unequally stimulated. Those muscles whose spinal centers have borne the brunt of the disease are the ones which should receive the greatest attention, while those which are but slightly affected may require no electrical treatment whatever. The sittings should be short at first so as not to fatigue the weakened muscles. They may be repeated from three to seven times weekly.

The writer trusts that the above remarks concerning the electrical treatment of this disease, will direct the attention of physicians to some of the errors in electro-therapeutics practiced by would-be electricians. It has been his fortune to see cases treated with the faradic current when farado-muscular contractility has been utterly destroyed. He has seen one electro-therapist(?) treat a case of paralysis with atrophy of the lower limbs and talipes, by applying one electrode over the patella and the other on the sole of the foot. In cases in which talipes equinus was marked, the electrical treatment has been directed to the muscles of the calf, and so intensifying the deformity, instead of to the group of muscles on the anterior aspect of the leg, the tibialis anticus, etc.

At the time that these applications are commenced, measures should be taken to preserve the warmth of the limbs. Twice daily they should be bathed for fifteen minutes in water as hot as can be comfortably borne. Regular friction and massage of the affected muscles should be practiced daily. The limbs should not be permitted to remain in a dependent position as this would interfere with the proper circulation of blood through them. Instead, they should be placed in a horizontal or elevated posture, so as to promote the return circulation through the veins. Discretion in the selection of proper clothing is necessary; either spun silk or wool should be worn next to the skin. Before clothing the limbs, care should be taken that they are well warmed by artificial heat.

If the patient is old enough and if he has recovered sufficiently, moderate exercise should be recommended, providing there is no deformity of the limbs resulting from the unequal distribution of the paralysis. For if such be the case, exercise will strengthen both slightly and severely paralyzed muscles alike, perhaps the former more than the latter, and so intensify the deformity. Before per-

mitting exercise then, all deformities of the limb must be corrected either by surgical operation or by proper orthopædic operations.

Should there be a tendency to the formation of deformities, proper orthopædic apparatus must be furnished at once. Details respecting the adjustment of these will be found in works on orthopædic surgery. Let it be sufficient to state here that no apparatus should be selected which holds the limb in a fixed position; on the contrary it should be one which is so arranged that all the motions of the joint are permitted and in which the loss of power of the paralyzed muscles are supplied by elastic tension. In children, too young to wear an apparatus, the deformity may be greatly benefited, if not obviated entirely, by the proper adjustment of adhesive strips.

The remedy most frequently used in the stage of atrophy and deformities, is *plumbum*. In cases of chronic poisoning with this metal, degeneration of the ganglion cells of the anterior horns together with paralysis and muscular atrophy is observed. In this late stage of acute spinal paralysis we are often obliged to prescribe empirically, owing to the fact that the patients are, as a rule, free from symptoms indicating any particular remedy, and hence the pathological condition present is our only guide. In closing, the writer offers an apology for the meager indications for remedies given. In practice, symptoms will arise which will enable the physician to fix with certainty on the indicated remedy, and frequently this remedy will be none of those mentioned above. Thus, the writer has treated one case of spinal paralysis in the adults from beginning to end with causticum unaided by any other remedy or by electricity. To collate all these symptoms in the section on special therapeutics of acute spinal paralysis, would require more extensive quotation from the *materia medica* than our space would permit.

TEUCRIUM IN PROLAPSUS RECTI.

BY

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Zanesville, Ohio.

This child, aged six years, was brought to my office on January 25 by his mother, whose statement was as follows: The boy for over a year had suffered from prolapsus of the rectum after each operation of the bowels. He had been treated by several physicians of the old school, and had had the benefit of their whole armamentarium without, however, any beneficial result.

On inquiry as to the objective symptoms, I found that the boy had restless sleep, starting and grinding of teeth during sleep. On inquiring if he ever passed worms, I was answered in the negative. I had the choice of several remedies. *Podophyllum*, *nuxvomica*, *ruta* or *aloes*. I did not choose either of them, as I was still under the impression that the child was afflicted with thread or pin worm, having their seat in the rectum, and hardly to be seen when discharged from the bowels. So I concluded he had prolapsus recti from irritation of the rectum, by ascarides. I selected *teucrium marum*, two drops every two hours, to be taken with a little sugar.

On February 2, the father came to my office to say that the child had been relieved of all trouble after taking several doses of the medicine.

I think *teucrium* deserves more attention by the profession.

CONJUNCTIVAL DIPHTHERIA.

BY

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New York.

On July 28, 1884, Joshua Dardon, aged four, colored, presented himself to me for treatment at the clinic of the N. Y. Ophthalmic Hospital. His mother said that about two weeks previously he had recovered from an attack of measles, and that his eye had been sore about one week. An

examination revealed the following condition. The upper lid of the left eye was very much swollen, very sore and painful to the touch, with a certain firmness and resistance under the finger, yet not of a board-like hardness; red points which bled easily; very difficult to evert, with little whitish flakes here and there. There was a whitish watery discharge exuding from beneath the overhanging lid. On exposing the eyeball, the cornea was to be seen *very slightly* clouded and sunken in a pit, formed by the swollen ocular conjunctiva. This appeared of a palish, waxy look, glistening, free from vessels, very much as if a layer of slightly soiled cotton had been laid around the cornea and smeared over with some kind of varnish. It could be plainly seen that this was an infiltration into the substance of the conjunctival tissue, and not merely a blenorrhœic discharge lying upon it. The left nostril was totally occluded by a firm, whitish membrane from which was issuing a whitish, watery, acrid discharge similar to that from the eye. I requested Dr. Schley to examine the throat and nose. The throat was found swollen and hyperemic, but as yet no membrane upon it. The substance occluding the nostril Dr. Schley unhesitatingly pronounced a true diphtheritic membrane. Drs. Deady, MacBride, Boyle, A. B. Norton, and other members of the hospital staff present that day saw the case and unanimously concurred with me in my diagnosis of conjunctival diphtheria. The child had considerable fever, and seemed very drowsy. I gave some *Apis* tincture after making arrangements for visiting the child next day, July 29. On visiting the child in a dirty tenement in East 119th street, I found a very sick child. The pulse was 155. The temperature I did not take, having neglected to bring my thermometer, but I should judge about 102. The ocular conjunctiva is more densely infiltrated, overlapping the cornea. Membranes are

appearing on the edges of the lids. Applied iced cloths to the eye and \mathcal{R} Apis tincture and Belladonna tincture in alternation.

On July 30 there seemed to be a slight improvement. The swelling of the lids had lessened, and become softer, the edges were cleaner, pulse and temperature both reduced. The cornea remained in about the same condition as at first, and the child had a good appetite. The same treatment was continued.

On July 31, I found an increase of membrane on the edges of the lids, the ocular conjunctiva in about the same condition, but a very decided increase in the infiltration in the cornea, the lower half now being quite cloudy. The pulse had fallen to 120 and the temperature to 101.1. The child had discharged from the nose a hard yellowish mass which the mother had thrown into the fire. I changed the ice to heat, prescribed Kali bich. in solution just enough to tinge the water. On account of the defective light, the unruly character of the child and the lack of assistance, I found it very difficult to properly examine the throat.

On Aug. 1, I found the eye decidedly improved. The second stage—viz: that of vascularization—had set in in the lower half of the ocular conjunctiva. The swelling and tenderness less; the chemosis less, cornea about the same as yesterday; no membrane on the lids. The nostril was clear, and very little discharge. Pulse 120—very little fever, throat clear. The *pupil* was quite dilated.

On Aug. 2, the improvement in the eye continued. The vascularization had now occurred over the whole ball. The cornea was a trifle clearer. The lids could be separated quite widely and he opened them himself a little. There was not much discharge from the eye, but a free discharge from the nostril which had become filled again. This discharge was whitish and watery, and occasionally bloody. He had thrown out a number of tough grayish masses. There

was an increase in fever with pulse up to 150. His appetite was good, and he desired to be up. Apis tincture and Belladonna tincture.

Aug. 3. About the same in all respects.

Aug. 4. Ocular conjunctiva is now very red; the swelling is but slight, also much less in lids, which are very tender. Cornea is so infiltrated it looks like a case of parenchymatous keratitis. To-day the throat has a patch on the *right* side. The nostril (left) is again full of deposit. He is very weak and has less appetite. Is a trifle hoarse. Temperature 103.5. Pulse 140. He was given to-day Kali bich. in solution with a little Kali permang. in same tumbler; also Merc. prot. in alternation.

For the next four or five days there were slight variations. The eye continued gradually to improve, and the throat would have more or less false membrane deposited on it. There also appeared on the eyelid small sores in size from a pin's head to a pea; deeply excavated with a sort of lardaceous base, discharging matter. These would last three or four days, healing with a cicatrix. They passed in succession from the left eyelid down the face on to the body and both limbs, the largest being on the right leg above the ankle and nearly as large as a silver three-cent piece.

By Aug. 12, the throat had entirely cleared and the eye recovered to such an extent, I made no more visits at the house. Several times the child showed signs of great depression, when he was put upon stimulants—brandy and milk, but as a rule he had a good appetite through most of his illness. Drs. G. S. Norton and Rounds went with me, each once, to see this case. After discontinuing my visits at the house, I had him brought to see me at the hospital for some little time. About ten days afterward, paresis of the left side of the face was manifest. I could not detect it below the neck. The haziness of the cornea persisted for some

time, but gradually cleared up, so that for all I could tell (being a sulky child and frequently refusing to answer questions) his vision was unimpaired. The dilatation of the pupil persisted for some time.

Later he began to complain of severe pains in his abdomen, which was sensitive to pressure, and gradually enlarging. Dr. Hunt, who frequently saw him with me after he commenced his visits to the hospital, agreed with me that the mesenteric glands were affected. He rather grew worse and finally ceased coming. I do not know the final outcome of the case, but considered the prognosis rather doubtful.

I consider this case rather a peculiar one and have detailed it for these reasons. In the first place conjunctival diphtheria is an exceedingly rare disease in this country. In the second, the primary manifestation of the disease was in the eye, and secondary in the throat. In the third, the ocular conjunctiva was much more densely infiltrated than the palpebral, while the reverse is most generally the case. In the fourth, not only did the patient recover, but his eye was unimpaired, which is very seldom the case, as diphtheritic conjunctivitis is one of the most fatal diseases that the eye is subject to.

In the fifth place, with the exception of some cold applications and some warm, no local measures were used, the patient throughout being treated by internal medication. It is perhaps proper to say that this case, so far as I can learn, was not exposed to other cases of diphtheria, and I could learn of none having been in the tenement. There were several children in the family, but no others had the disease. One feature struck me as peculiar—the persistent dilatation of the pupil. I account for it as a paralysis of the nerves supplying the constrictor pupillæ, and anticipating the paresis which followed later. I do not remember to have seen this referred to in any article or text-book on diphtheritic conjunctiv-

itis. I am somewhat at a loss to explain the succeeding mesenteric affection, whether it may be considered as a sequel of the disease due to the constitutional effects of the poison, or simply a coincidence in a child of strumous diathesis, possibly hastened in its development by the diphtheritic affection. In regard to the diagnosis, I think it can scarcely be questioned. Every physician who saw it, unhesitatingly concurred with me. Bearing in mind the liability of a croupous conjunctivitis to be mistaken for this, I was the more particular to have these gentlemen see the case, and express their opinion. I do not propose to weary you with a dissertation on the etiology, pathology and therapeutics of this affection. The modern editions of the text-books on the eye, deal sufficiently with it, though in regard to therapeutics I would simply remark it is a very unsettled question. There are no local measures, unless the simple ones referred to, which offer any satisfactory hopes. A case of conjunctival diphtheria must be treated as a case of pharyngeal diphtheria, viz: by constitutional measures. If it recovers you have the same satisfaction you have in the other case—it got well, whether on account of your treatment, or in spite of it—who shall say?—*Read before the N. Y. Med. Clin. Soc., Dec. '84.*

FAITH AS A FACTOR IN CURING THE SICK.

BY

J. H. SHERMAN, M. D.,

Boston.

At the present time we hear a great deal about the apostolic method of healing: Christian scientists, spiritual mediums, magnetic healers and manipulators are swarming like locusts and creating quite a sensation among the people, many of whom are not wanting in mental capacity, though the votaries to those methods are generally among the illiterate and unthinking. But with this concession there must

be an under stratum of truth to account for so many adherents to these mystical methods of healing. There is but little doubt that the influence of the mind has an immense power over the body in health and disease, and has hitherto received too little attention by the general practitioner, whose faith is in the potency of the drugs or medicines he is accustomed to use. If it were not so, how can we account for the success of physicians who prescribe medicine from such divergent standpoints? The old school physician who deals in massive doses of compound poisons, the eclectic with his selections from all schools, the botanic with his roots and herbs, the hydropathist with his water, the homœopathist, high or low potency, all sanguine of the wisdom of their methods and apparently justified by their success, claim each to have found the true art of healing. It is plain to me from these facts, there can be but one conclusion: that in the great majority of cases there is an influence more potent than medicine, that has the power to restore oftentimes in spite of deleterious medication, and that influence is mind. If the patient believes that the means used for his recovery is potent to that effect he is in a fair way to recovery already. I have experimented to no little extent with high and low potencies; potencies so high that nothing but the dynamic force could be called medicines, so low that sensible aggravations were produced, and even crude drugs in material doses, and with unmedicated globules of sugar of milk, and obtained good results. At any rate the patients recovered cito, tuto et jucunde. Do I then renounce the homœopathic method? Not at all; I still believe that there are cases that require medicine and that as a general thing it should be given in accordance with the law of similars and in minute doses, but do not believe in the universality of the law of similars, nor that appreciable doses are not sometimes necessary.

To indicate just where medicine is

required, and when, would be a task too difficult for me to undertake, and would exceed the limits of this paper. But in general would not think of treating the so-called zymotic diseases without medicines, nor syphilis, or phthisis, rheumatism, dropsy as well as most acute diseases, and many others. But there are many, very many cases of functional disturbances that make people ill, that can be corrected as well by placebos or faith treatment, and better than with medicine. This does not bar me from giving medicine, for it is one of the most potent means of securing the faith necessary. To illustrate, in my early practice a patient consulted me for many unpleasant feelings; she was not well though she had no namable disease but functional derangements, many. I carefully investigated her case, told her she did not require medicine, gave her much advice as to the hygienic laws she should observe, and assured her that by following the course I had marked out she would be as well without medicine as with it; and flattered myself that I should get great credit for my candor as well as for my excellent advice, which was gratuitous. How disappointed I was some weeks after to learn that she immediately consulted another physician who gave her quantities of medicine, that she was feeling greatly improved, and was freely reporting that she consulted me, but I did not understand her case and could do nothing for her. From that day all patients who consult me get something in the semblance of medicine. I find that faith and works do best.

The admirable essays on diarrhœa and dysentery by the venerable P. P. Wells, M. D., of Brooklyn, together with a repertory by Dr. Edmund J. Lee, have been issued in vest pocket form as a supplement to that journal, and at this time of the year will be found especially serviceable to the student and practitioner.

THE
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*A Monthly Journal of Medicine, Surgery,
and Sanitary Science.*

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Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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EDITORIAL.

Noblesse oblige, our privilege compels us; we professional men must serve the world, not, like the handicraftsman, for a price accurately representing the work done, but as those who deal with infinite values, and confer benefits as freely and nobly as nature.—
EDWARD EVERETT HALE.

It having been whispered in our editorial ear that a rumor was current that we *indorsed* the county society by publishing its minutes, we beg leave to say that we are in no wise responsible for the utterances contained in these discussions. There are a number of amiable gentlemen connected with this society for whose eccentric homœopathy we would be loth to stand sponsor.

* * *

Certain timorous souls are metaphorically quaking in their boots lest

Homœopathy should be misjudged by our recent utterances on a notorious case of therapeutic bankruptcy. They say that by inference we claimed that cancer is amenable to medication, and they are fearful lest it should be thought that homœopaths can actually cure cancer. Well, they can, sir. If you don't believe it, ask Gilchrist, Hoyne, Hughes, and other typical homœopaths, not to multiply names. Nobody claims that all cancers are curable—even simpler diseases often baffle the wisest ; but homœopathy is better than expectancy. This we said, and this we maintain, even in the distinguished presence of those "who know it all."

* * *

The proposed editor of a proposed new publication, never having heard of the cure of a single case of cancer, we reproduce from the best-known elementary work on homœopathy (Hughes' *Manual of Therapeutics*) the subjoined case :

CANCER OF THE TONGUE.

The following is from Petroz' collected writings :

"In 1829, a woman living in the Rue St. Nicolas, whose family was known to me, came to ask my advice about a disease of the tongue, for which she had been under the care of Dr. L'Herminier. The organ was profoundly altered by an ulcer, which appeared to me cancerous, and which occupied its right side ; the edges, especially posteriorly, were indurated, raised, and knotty ; speech was difficult, indistinct, and accompanied with much pain. The patient could only take liquid nourishment. Distrusting my own diagnosis, I sent her to Professor Marjolin. She brought me back the following judgment : 'Cancerous ulcer ; no chance of cure but from operation ; and this impossible, for the base of the tongue is involved.'

"In the presence of so grave a disease I turned my thoughts to diminish her suffer-

ings. I prescribed the $\frac{1}{100}$ th of a grain of *hydrocyanate of potassa*, to be repeated every fourth day. After fifteen days I again saw the patient. She suffered less, the tongue appeared to me not so thick, the edges less hard, the speech easier. The medicine was continued in the same way. Fifteen days later the patient, whose countenance had lost its gray hue and drawn features, said to me with joy, 'I begin to be able to eat a crumb of bread.' The hydrocyanate was continued for a month longer, when the cure was complete. It is now eighteen years ago, and there has been no relapse."

We are glad to begin the education of our junior *confrère* with so pat an example. We shall follow his growth into knowledge with genuine interest, and shall hope to extend to him occasionally a guiding hand. All of which faithfulness to his best interests on our part he will doubtless appreciate.

* *

Commencement-time has come and gone, and the class of '85 has scattered afield to its life work. The exercises at Chickering Hall which celebrated the close of the college year were befitting so momentous an occasion—for the influence which went out into the arena of life with those forty young men is momentous for good or for evil. The class has had the advantage of thorough training from an earnest and capable faculty, and as complete as the circumstances of the college will permit. When it is remembered what the college was fifteen years ago, and the self-sacrificing and arduous labor which has been expended to make it what it is, have not the Alumni a duty to perform, which disgraces every alumnus in its non-performance. We published last year Prof. Helmuth's cogent and graceful plea for Alma

Mater. Hospital and laboratory facilities must be forthcoming if the New York college is not to be left hopeless laggard in the race. Philadelphia, Boston, Chicago and other schools are far ahead in these material advantages; and yet New York is the medical center, and always will be. A well-equipped school of homœopathy could do more here both as a preparatory and as a post-graduate school than double the amount of money invested anywhere else. We have an energetic, cohesive, and learned faculty (albeit not ideally homœopathic), but it can never be a great school as long as it holds its lectures in a garret, and sends its students to allopathic hospitals for a knowledge of practical clinical work. The Ward's Island Hospital looks well on paper, but it is miles out of the way, and—well, there are other reasons.

We cannot express too deeply and strongly our sense of how much the faculty have accomplished with the meager encouragement and aid which they have received from the Alumni. The homœopathic fraternity owe to Prof. Allen and his associates a big debt of gratitude, which can only be repaid by putting the college on a firm financial basis. This will be done sometime doubtless, but the time to do it is now.

* *

The Alumni of the Homœopathic Medical College assembled at Delmonico's after the Commencement and enjoyed an excellent dinner and the witty, wise, and otherwise remarks of various invited guests. But the Alumni need to do something else besides dine. These social

amenities are pleasant and doubtless useful. Brother Pratt grew hilarious, and was a boy again; and a couple of hours of hilarity is a good thing for an over-worked doctor. Meanwhile the college building fund goes a begging. To be sure it is growing, and at the present rate may reach five thousand dollars by the year nineteen hundred. If the Alumni desire to have their college respected, and their diplomas become more valuable, they will see to it that the college is no longer crippled by the neglect and indifference of its graduates. The time has gone by when medical colleges can be successfully run as private concerns. In a very few years unendowed colleges will fail to attract students because of the superior facilities furnished elsewhere, and it behooves the Alumni of the New York college to see that their Alma Mater does not drop out of the race.

*
* *

A convention of homœopathic physicians was held in New Orleans on April 9 and 10. The delegates came mainly from Louisiana and Texas, but eight other Southern States were represented. An association was organized incorporating the Southern Homœopathic Medical Association, and the following officers were elected: C. E. Fisher, president; John H. Henry, of Montgomery, Ala., first vice-president; Louis A. Falligant, Savannah, Ga., second vice-president; A. L. Monroe, of Birmingham, recording secretary; Chas. Deady, San Antonio, corresponding secretary; J. G. Belden, New Orleans, treasurer.

The object of the association is

principally legislative. In the Southern States it is very difficult for a homœopathist to secure fair treatment under the laws, and it is desired to influence the Legislatures in the several States so as to prevent undue discriminations against homœopathic physicians. The remarkable success of the handful of men in Texas in resisting the attacks of the well-organized allopathic doctors before the Legislature this winter has given encouragement to our brethren in all the Southern States, and will doubtless make them bold to maintain their rights.

Various papers on cholera, typhoid, intermittents, dysentery, and other medical topics were read and discussed, and a great deal of enthusiasm seems to have been exhibited. The next session will also be at New Orleans at Mardi-Gras time. The papers of the association will be published in the *Southern Pellet*. It thus secures a valuable and wide-awake organ which will be a great aid in keeping alive the interest in the new movement. The organizers desire to make the new association auxilliary to the American Institute, and as such it will do much to stimulate interests in homœopathy throughout the South, and prepare the way for efficient societies in the several States. We extend, in the name of New York homœopathy, our most earnest desires for the success of the association.

THE TALK OF THE DAY.

WITH the advent of the warm weather, the various amateur sanitary associations that have sprung up in anticipation of the cholera, will enter

upon their work of preparing the city for the coming of an unwelcome guest. For a while cleanliness and decency will be in order, and then, when the hot weather is over, we shall slip back in other usual apathy and indifference, and the last state of our city will be worse than the first.

AMONG the books of the year, the work of Dr. Thomas Nichol, upon the Diseases of the Larynx and Trachea in Childhood is deserving of the heartiest commendation. Complete, thorough and practical, for the doctor writes from an experience of over thirty years, and written in the well known lucid style of the author, it will well repay careful perusal. As a book to consult when in doubt it should find a place upon every physician's desk.

A FAVORITE mode of alternation at the present time is to alternate the high and low potencies of the same remedy, with, it is claimed, markedly good results. The question was asked me the other day by Dr. Van Tine, "If the claim is true, which potency is it to which the credit is due?" If the homœopathic law of cure be true, then the high and low potencies should antagonize each other, and it is nature that works the cure.

It is a striking commentary upon the much vaunted progress of medical science claimed by our regular friends, that the fatality from the graver disorders, such as, diphtheria, pneumonia, phthisis, cancer, etc., is in nowise lessened, despite the progress made in pathology and kindred branches; and the discovery of the comma and various other bacilli have been productive of no result. In fact the advances made in those directions seem to be at the expense of therapeutics. For a notable illustration take the case of General Grant.

THE greatest disturbers of peace in the medical, as in the religious and

political, world are ghosts. The ghosts of ideas that have been fought, killed and buried ages ago, but which persist in coming to the front to stir up discord and strife. There is the ghost of anti-vaccination, for instance. No sooner is it comfortably disposed of, buried under a mountain of statistics incontestibly proving its fallacy, that is out again and as bent upon mischief as ever. Then there is the potency ghost and a score of others that might be named.

THE old, old story of the single or alternated remedy in the treatment of disease, is now taking an inning and provoking a lively discussion. On the one side the advocate of the single remedy denounces the use of two remedies at once as dangerous and retardative of a cure, one physician, saying, that to him, "all cases reported as cured with alternated remedies were the same as if they never had been." On the other side, the advocates of alternated remedies claim undoubted benefits from their use. Professor C. Hering, while an advocate of the single remedy, admitted that the alternationists accomplished the same result, with fewer medicines, as those adhering to the one remedy.

B. F. UNDERWOOD, M. D.

MEDICAL LEGISLATION.

The following bill, passed May 1, has been signed by the Governor:

AN ACT to amend an act entitled "An act to incorporate medical societies for the purpose of regulating the practice of physic and surgery in this state." *

SECTION 1. Section thirteen of the act passed April ten, eighteen hundred and thirteen, entitled "An act to incorporate medical societies for the purpose of regulating the practice of physic and surgery in this state," shall read as follows:

*Chapter 204, Session Laws of 1885.

§ 13. And be it further enacted, that it shall and may be lawful for any medical society of a county incorporated prior to this act, and for any such society created pursuant to the provisions of this act, and for the medical society of the state of New York to take, purchase and hold for the use of said society any estate, real or personal, provided that the aggregate estate, real and personal, of any such society shall not exceed the sum of fifty thousand dollars, except in the case of the medical society of the county of New York, which may hold property aggregating in value one hundred thousand dollars. Such societies may collect annual dues and assessments from members, provided that the aggregate of assessments and dues of any member in any one year shall not exceed the sum of five dollars.

§ 2. All acts and parts of acts inconsistent with this act are hereby repealed.

§ 3. This act shall take effect immediately.

ABSTRACTS.

A WOMAN WITH FOUR MAMMARY GLANDS.—Dr. W. E. Whitford writes that he was recently called to see a woman, aged thirty-eight, mother of five children, who was suffering from an abscess in one of her breasts. About three inches below the nipple, on each side, there were miniature mammary glands. After confinement these would become quite large and secrete milk for about two months.—*Med. Record.*

CASTOR-OIL AND SCHOOL DISCIPLINE.—According to the *British Medical Journal*, castor-oil is employed as a means of punishment in the West Highland School of Lochgoil-head, Scotland. Breaches of school discipline are treated by "doses of castor-oil" administered, not in the usually prescribed quantity, but by a draught from the bottle. Whatever laxity exists in that school is certainly not on the part of the teachers.

DENTAL HYGIENE AT SCHOOL.—According to M. Galippe, dental caries is frequent in boys and girls preparing for examination, and may be ascribed to the excessive efflux of blood to the head. Others suppose that the brain makes use of the phosphates which ought to be employed in the formation and growth of the teeth. M. Harlan is of opinion that dental caries is most frequent in young people who work hard, and are very successful in their examinations.—*British Medical Journal.*

SUDDEN DEATH FROM GANGRENE.—Dr. M. J. B. Messemer writes that, as Coroner of New York, he has met with many cases of persons dying suddenly, who were affected with gangrene of the right hand or arm, caused by injury or frostbite. The gangrenous gases pass through the veins of the right arm into the vena cava and right side of the heart, causing instantaneous death by syncope or collapse. When the right side of the heart is cut into, after death, a puff of gangrenous gas can be distinctly discerned.—*Phil. Med. News.*

PRESSURE ON THE EAR DESTROYS HEARING.—Pressure on the ears is to be avoided by persons who wish to preserve their sense of hearing. Narrowing of the auditory canal by the pressure of a handkerchief worn over the head and tied under the chin, as is commonly adjusted by the peasant woman of Europe, often causes a deafness, and the cornette of nuns, pressing tightly against the pavilion of the ear, frequently produces the same effect. Gradual dilation by laminaria tents is suggested as a rational means of cure.—*Indiana Eclectic Medical Journal.*

CHOREA—A CURE BY HYPNOTISM.—M. Beaunis, Professor of Physiology to the Faculty of Medicine at Nancy, records an extraordinary case under the above title. The patient was a girl aged twelve and a half, and was suffering from her fifth attack of

chorea. M. Beaunis had been informed by Professor Birnheim of the result of hypnotism in a similar case, and decided to have it tried. A Dr. Siébaud was the agent to hypnotize the patient. The result was that as soon as the child was hypnotized all choreic movements ceased, and when asked to write, instead of meaningless scrawls, her writing was steady and legible. The seances were continued for some days, and the child was cured completely.—*Gaz. Med. de Paris*.

LITERATURE.

It is natural that we should look askance at any new work on *Materia Medica*. Even when with its preparation the most distinguished names are associated, there comes a morbid fear that the work may prove even less satisfactory than its predecessors. The new work now in preparation by Drs. Richard Hughes and J. P. Dake naturally attracts attention from the eminence of its co-editors and from the fact that it carries with it the prestige of two great associations. A tentative first part of 192 pages and embracing some score of drugs is issued for the examination and criticism of the members of the two societies under whose auspices it is proposed that the whole shall be published.* It was compiled under specific instructions from these associations as to what should go into it and as to what should be kept out of it, and the editors are not therefore responsible for the scope and character of the work. They have carried out the instructions given to them

with faithfulness, and the work shows evidence of painstaking carefulness on their part on every page. The primary object of the *Cyclopædia* is to show from the day-books of the provers the sequence of symptoms as they were evolved, and to differentiate the primary from the secondary. In thus bringing together in one series the material which is scattered in journals, society reports, etc., for the past fifty years, the editors accomplish a most useful though laborious task. These narratives enable the student of *materia medica* to study with satisfaction the progress of the drug-disease, the relativity of its symptoms, and the method of convalescence, as far as these have been settled by the provings. It further shows where our *materia medica* is weak and needs strengthening by additional provings. The merits of this fascicle are so apparent and the importance of the speedy completion of the entire work so obvious that we can not but think that the American Institute will at its coming meeting at St. Louis provide the necessary funds to put the work into type.

Dr. Nichol's work*, which can not fail to obtain a hearty welcome from those who are already familiar with the contributions which the author has made to various journals upon the diseases of the air passages in childhood, "is the fruit of thirty years of study and experience;" a fact which is apparent all through, for only from ample experience can the thorough knowledge which the Doctor shows of his subject be gained. A work upon these diseases possesses a double value, on the one hand from the importance of a thorough comprehension, owing to the frequency and

* *A Cyclopædia of Drug Pathogenesis*. Issued under the auspices of the British Homœopathic Society and the American Institute of Homeopathy. Edited by Richard Hughes, M. D., and J. P. Dake, M. D., with the aid of the following consultative committee: J. Drysdale, M. D., R. E. Dudgeon, M. D., A. C. Pope, M. D., Conrad Wesselhøft, M. D., E. A. Farrington, M. D., H. R. Arndt, M. D. Part I. Abies—Agaricus. 8 vo, pp. 192. Paper. (London: J. E. Adlard.)

* *Diseases of the Nares, Larynx and Trachea in Childhood*, by Thomas Nichol, M. D., L. L. D., S. C. L., member of the Colleges of Physicians and Surgeons of Ontario and Quebec, Member of the American Institute of Homeopathy, and corresponding member of the Homœopathic Medical Society of Pennsylvania. 8vo, pp. 308. (New York: A. L. Chatterton Publishing Co.)

fatality of the diseases of the larynx and trachea in childhood ; and on the other, from the want of a work giving thoroughly homœopathic treatment, a want which has led to the study of such authors as Makenzie, Jacoby, etc., with the result of the adoption in many cases of a more or less modified plan of the treatment there laid down. The diseases included in the list of contents are : coryza, acute and chronic ; spasm of the glottis ; acute cattedrhal laryngitis, acute œdematous laryngitis ; spasmodic, pseudo-membranous, diphtheritic and scarletinal croup ; and tracheitis. The pathology and history of each disease has been dwelt upon at considerable length, because, as the author says, a correct understanding of the natural history of disease is indispensable to the scientific physician of any school, while the salient facts in each disease are condensed in the forms of aphorisms at the end of each chapter. The homœopathic treatment in each disease is fully and minutely given, and the author, while not zealous upon the question of the potency, is emphatic in his endorsement of the single remedy. Upon the disputed question of the identity of croup and diphtheria, Dr. Nichol, while presenting the arguments for and against *in extenso*, holds to the essential difference of the diseases, and also divides the latter disease into pseudo and true diphtheria, the pseudo variety bearing the same relation to true diphtheria that cholera morbus does to Asiatic cholera. In typography and press-work this volume sustains the well-earned reputation of the publishers for fine work.

The subject matter of this little work on the diseases of the ear just issued by Chatterton*, is one possessing great interest for the general

practitioner, owing to, as a rule, the limited knowledge he possesses concerning that organ and its diseases ; most of the works upon that subject being so elaborate and expensive as to be adapted only to the specialist. Of the fourteen chapters into which the book is divided, the first three are devoted to the anatomy and physiology of the ear, which are tersely and graphically described. The fourth describes the instruments used, and methods of examinations, the words of Goethe serving as text, "He who some results intends must use the tools that are best fitting." The instruments described are few in number and only such as would be used by the general practitioner. The fifth and sixth chapters describe diseases of the external ear. From the seventh to the twelfth are devoted to the middle ear, where the diseases the general practitioner is most likely to be called upon to treat are to be found. The thirteenth to the diseases of the internal ear, and the last to the artificial aids to deafness. As regards treatment the author does not consider we are yet in a position to dispense with local measures ; our therapeutics are still too meager in this department. The indications given for remedies are the results of the experience of homœopathic aurists in this city and elsewhere, gathered from various sources in our literature, as they have made their appearance, and they have not been compiled from the *materia medica* on theoretical grounds. The authority for their use and results can be given in nearly every instance. The information contained in the book is practical, and concisely given without theorizing. The typography, paper, and press-work of the book are poor and in direct contrast with the usual good taste in the make-up of the books issued by the publishers.

Prof. Dowling's admirable paper

* *The Diseases of the Ear and their Homœopathic Treatment*, with a brief outline of the anatomy, Physiology and Pathology, designed as a manual for the student and general practitioner, by Charles Frederick Sterling, M. D., O. et A. Chir., Assistant Surgeon

to the New York Ophthalmic Hospital, etc., etc. 12mo. pp. 167. (New York : A. L. Chatterton Publishing Co.)

on the Abuse of Alcohol has been reprinted from the transactions of the American Institute (1884), and is a cogent argument against the habitual use of even moderate quantities of alcohol. We are glad to have it thus made accessible to a larger public. In this connection it may be mentioned that a very valuable addition to our present knowledge of alcohol in relation to work has just been written by Lennox Browne, of London, the well-known throat surgeon, under the title of "Voice Use and Stimulants," and published by Messrs. Sampson Low & Co. There can be no doubt that a great many people who do not think alcoholic stimulants are of any service, and regard them as even detrimental to ordinary mechanical or mental labor, have an idea that they are absolutely essential to the singer, and from time to time we have been told of the particular beverage which individual great vocalists have favored as an aid to their professional duties. The work under consideration entirely disposes of any such notion, for the opinions of the author are confirmed by the personal experience of 380 male vocalists representing more than one-half of the professional singers in the United Kingdom. Of these one-third are abstainers, pledged and unpledged, and three-fourths deprecate the practice of taking any stimulant whatever immediately before or during professional use of the voice. Such a testimony from cathedral and church singers is of far more value than that of any individual great singer who probably does well in spite, and not in consequence of alcoholic imbibitions.

Nearly eight hundred beautifully printed octavo pages, with five hundred well executed wood engravings for two dollars and a half! Such is the eleventh edition of Kirkes' *Physiology*.* This standard work

* *Handbook of Physiology*. [Woods' Library of Standard Medical Authors.] By W. Morratt Baker, F. R. C. S., Surgeon to

has shown its value by its long and useful life. It is brought down to date by its present editors and is a mine of wealth for the young student to delve in. Physiology is a matter of such varying theories and phrases that a constant revision of one's knowledge is necessary in order to keep pace therewith. This work from its brevity and clearness is adapted to the wants of the busy practitioner who desires to freshen up his memory on any point. The various chapters are divided under numerous sub-headings into a series of short articles in which are tersely stated the results of the latest researches upon that topic, so that the information upon any desired subject may be readily found. The illustrations well elucidate the text.

The superb report of the committee on registration and statistics of the Massachusetts Homœopathic Medical Society deserves recognition both from its typographical excellence and the fidelity with which the committee have gathered up all the stray facts in the history of this organization since it began in 1856. A complete list of all who have been members from the first until now, including its predecessor the Massachusetts Homœopathic Fraternity, dating back to 1840; a necrological list; a list of past and present officers; the roll of present membership; a list of officers and members of the auxiliary county societies, and much other interesting historical matter are among its contents. In thus bringing together into convenient form the facts which have heretofore been buried in the transactions, the committee have admirably performed the laborious task which was set before them.

The late Dr. Cooke was an ardent

St. Bartholomews', etc., and Vincent Dorman Harris, M. D., Lond., etc. Eleventh edition, with nearly 500 illustrations. Two volumes. 8vo, pp. 756. (New York: William Wood and Company.)

and eloquent friend of the system of antiseptic medication introduced by Dr. Declat. His brief but vigorous monograph on this subject, brought out in 1882, has now been reissued.* The author denominates his pet system as a *craze*, and we quite agree with him, though possibly we use the word with a different inflection. The book is to be commended for its earnestness, and those who desire to know what antiseptics can do, in the estimation of its partisans, will find here an explicit explanation. An addenda contains a number of illustrative cases by Prof. Geo. A. Hall.

Prof. Herman Knapp, of this city, has compiled the gist of what has been written of the uses of cocaine in ophthalmic and general surgery.† This subject has been pretty well exhausted by the journals, until one has been dosed with cocaine *ad nauseam*. It is interesting to note that one of the consulting physicians in General Grant's case seems to think that the free use of the drug produced markedly ill effects. Cocaine is a valuable drug which will have its day and then drop in desuetude, as many another has before it.

President Dillow, of the New York County Society, delivered at the January meeting a thoughtful address, recommending various changes in procedure. These have been accepted by the society to the manifest improvement in the tone and quality of their meetings. Dr. Dillow is making an earnest and successful president, as those who knew him felt sure that he would.

* *A Treatise on Antiseptic Medication, or Declat Method.* By Nicholas Francis Cooke, M. D., L.L.D., Prof. of Special Pathology, etc. Second edition. 12mo, pp. 96. (Chicago: Gross and Delbridge.)

† *Cocaine and Its Use in Ophthalmic and General Surgery.* By H. Knapp, M. D., Prof. of Ophthalmology, etc. Reprinted from the *Archives of Ophthalmology*, December, 1884. 8vo, pp. 87. (New York: Geo. P. Putnam's Sons.)

ITEMS.

"Westward the star of empire takes its way," and Esterbrook's Pens go westward and to every other point of the compass.

Dr. A. B. Norton has removed to 223 West 34th Street; Dr. Alice C. Burdick to 126 West 45th; and her son, Dr. Edwin de Baun, to the same.

A homœopathic physician of twenty-five years' experience desires to hear of a good location. Address, *Place*, care Dr. Winterburn, 29 West 26th.

WANTED.—A homœopathist with *ten years' experience* desires to associate himself with an elderly New York city practitioner. A good opportunity for one in ill health, or who is absent during the summer. Address, M. M., care Dr. Winterburn, 29 West 26th.

The Kings County (N. Y.) Homœopathic Medical Society, at its twenty-eighth annual meeting, elected the following officers:—President, H. Willis; Vice-President, S. Talmage; Rec. Sec., John L. Moffat; Cor. Sec., S. S. McKinney; Treasurer, Hugh M. Smith; Censors: Henry Minton, H. M. Lewis, E. Hasbrouck, W. M. Butler, W. L. R. Perrine.

Aliquando bonus dormitat Homerus. The *Hahnemannian*, for May, contains the news that "On the evening of April 10th the convention [at New Orleans] held a session in commemoration of the birth of Hahnemann, at which addresses were delivered by eminent gentlemen present." Those who were at the New Orleans meeting, however, are painfully ignorant of these interesting ceremonies!

The Homœopathic Medical Society of Oregon held its ninth annual meeting in Portland, May 5. The attendance was large. Papers were read on Asiatic Cholera, by S. A. Brown; Spinal Irritation, by C. E. Geiger; Leprosy, by K. L. Miller; Thoughts on the Cause and Effect of Laceration of the Cervix Uteri, and their Remedy in the Emmet Operation, by A. S. Nichols; Poisons and their Antidotes, by F. D. Miller. Reports from different parts of the State show the steadily increasing popularity of homœopathy.

It is an established fact that the most *natural*, the most perfect substitute for mother's milk, is *milk* again, particularly cow's milk *properly diluted* and sweetened with sugar of milk. Cow's milk in its ordinary state, however, is not properly reliable and digestible for either infants or invalids. But by the new process employed in the preparation of *Dyer's Special Cream Brand*, the milk is converted into the most digestible and nourishing of foods. In fact, in digestion it undergoes precisely the same changes as mother's milk; does not curd like fresh cow's milk and can not cause flatulency. This preparation keeps for years in any climate yet contains no cane sugar or other addition.

THE AMERICAN HOMŒOPATHIST.

NEW YORK, JULY, 1885.

PROCEEDINGS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THIRTY-EIGHTH ANNUAL MEETING.

(Specially reported for the AMERICAN HOMŒOPATH-
IST.)

The thirty-eighth annual session began at 10 A. M., June 3, at the Lindell Hotel, St. Louis, one hundred and fifty members being present, with Prof. Timothy F. Allen, M. D., of New York, presiding.

Dr. Allen introduced Dr. J. S. Walker, of St. Louis, who on behalf of the resident physicians and patrons of Homœopathy, made a brief but eloquent address of welcome. He stated that this was the first formal organization of its kind, and the other professions soon profited by the example in forming similar associations. He reviewed the progress of the Institute from its birth to the present time, and contrasted its humble beginning with the proud position it occupies to-day. After predicting great success for the present meeting, he concluded by again bidding them welcome to St. Louis.

President Allen responded in a few well chosen words of thanks, and then delivered his annual address to the Association. He reviewed the work accomplished by the Institute, and was glad to note the tendency toward the elevation of the exact sciences; the work of the Association was year by year approaching the sphere of the specialist, which was of great importance. He discussed the science of symptomatology, and suggested the theory of dynamization of drugs as a subject for discussion, and by scientific research and experiment endeavor to settle the questions of "potency," "attenuations," "high" or "low" dilutions by other evidence than clinical experience.

The Treasurer's report was received and adopted.

The Executive Committee reported and submitted a programme.

Dr. H. D. Paine, Chairman of the Committee on Necrology, reported the death of twenty-one members since the last meeting.

The report of the Board of Censors was read by R. B. Rush, of Salem, O., and a large number of applicants were recommended for membership, who were duly elected. A resolution by Dr. J. P. Dake, of Nashville, requiring the names of candidates to be read publicly six hours before they were voted upon, was adopted.

Upon call for delegates' reports, Dr. Fisher, of Texas, gave the history of the formation of a southern association, claiming that said society would in no way conflict or detract from the American Institute. He said they were working against adverse influences in the South, in the shape of adverse laws, etc., and they needed the encouragement, good will and moral support of the American Association. Dr. Sanders, of Cleveland, then offered the following resolution, which was adopted:

Resolved, That the American Institute look with pleasure and approval upon the organization of the Southern Homœopathic Medical Association, as auxiliary to this body, and heartily extend to that organization the right hand of fellowship and God speed in her work in the South.

Dr. Runnells, of Indianapolis, seconded the resolution and spoke to the question, calling upon Drs. Orme, of Atlanta, and Dake, of Nashville, who agreed to the spirit of the report given by Dr. Fisher as to the character and success of the New Orleans meeting, and predicted for the new Southern Association a creditable future.

Dr. Eaton, of Cincinnati, who has traveled extensively through the

South, and who spends his winters in Florida, spoke in the same spirit, and favored the adoption of the resolution offered by Dr. Sanders, which was done with applause.

Dr. Edmonds, of St. Louis, gave an account of the new children's hospital in this city, which he said would accommodate sixty patients and would be entirely free from sectarian control or influences.

Dr. Talbot, of Massachusetts, recited the history of the Massachusetts Homœopathic Society, established in 1840. He thought State societies should have more thorough organization, and should keep more accurate statistics of homœopathic affairs in their respective States.

A good word was spoken in behalf of the Boston Gynæcological Society by Dr. Bennett, of Massachusetts.

The delegates from the various State societies reported, giving statistics, progress and amount of work done by their respective bodies. All the reports were favorable, showing the continued prosperity of the profession at large.

AFTERNOON SESSION.

The Bureau of Clinical Medicine, of which Asa S. Couch, of Fredonia, N. Y., was chairman, presented its report on "Blood Changes," through J. S. Mitchell, of Chicago. He then read a paper on Leucocythæmia and Hodgkin's Disease, in which he said :

That these diseases involving blood changes, though rare, were of great interest. Had encountered 4 cases leucocythæmia, 1 of Hodgkin's disease, 2 of Addison's disease, and 3 of Graves' disease. Had never seen pernicious anæmia or myxœdema. He regarded them as mutually related. In support of this view he cited a case of Addison's disease in the Cook Co. Hospital, that had the peculiar gelatinoid glandular enlargements of Hodgkin's disease. Attention was also called to the nervous weakness and disposition to emaciation common to them, sooner or later. He regarded them as manifestations

of tuberculosis. The history of three cases of leucocythæmia was given. One case was very marked and was associated with jaundice, which is rare, occurring in only four of the older cases reported. Diarrhœa and dropsy were prominent symptoms in this instance. Arsenicum 6x relieved these latter symptoms; when they were better the icterus partly disappeared. Reports of cases seemed to show that pernicious anæmia and Hodgkin's disease were more amenable to treatment than leucocythæmia. He quoted from old-school authorities to show that Fowler's solution in four drop doses, and the same amount injected into the glands was curative. He regarded arsenicum as indicated by the prostration, œdema, dry skin, etc., and the study of calcarea, iodine, phosphorus, and china was suggested. Galvanization was said to reduce the size of the spleen. Splenotomy was contra-indicated. Felt that further trial of remedies according to the law of homœopathy would aid us in lifting these diseases from the fatal list.

Dr. J. D. Buck, of Cincinnati, thought that there was not sufficient attention paid to the histology and pathology of these conditions. He spoke of malnutrition as a beginning of some cases, which if recognized through an accurate knowledge of the physiological and pathological conditions, might then be arrested.

Dr. H. C. Allen objected strongly to arsenicum in anæmia. Said that it is impossible to match a remedy to a name.

Dr. A. R. Wright had several cases in which change of air, scenery, etc., had been of more benefit than any thing else.

Dr. Wm. Owens thought that these conditions should be regarded as symptomatic; they could generally be traced back to some long inherent cause—possibly inherited. He recommended scilla.

Dr. C. Walton gave an account of autopsy, where death had ensued from pernicious anæmia. He found

the liver, kidneys, spleen, all affected, cystic duct was obstructed, but the lungs were normal. The patient under old school treatment had taken Fowler's Solution, and arsenic in various shapes.

After the report of Dr. H. C. Allen, Chairman Bureau of Education, the President spoke of the great interest taken in homœopathy by the Brahmins of India; one of their number was now being educated in this country. At five o'clock the Institute took a recess until 8 P.M.

EVENING SESSION.

The Bureau of Obstetrics presented as a subject for discussion, Dystocia.

Dr. L. S. Ordway, the chairman, claimed that the increase of dystocia is due to a great extent to the artificial life, or the artificial aids the women of to-day employ. He referred to the dissipations of our modern society belle, the methods she resorts to in order to please. All these tended toward the production of the abnormalities and malformations which were the immediate cause of dystocia. It is generally due to the violation of the laws of nature (traumatism excepted). In discussing the causes, he also gave the anatomical changes that took place in all the organs and tissues within the pelvis, all of which interfered with natural labor. As to treatment, he claimed that every case can be benefited by medication. Advocated a generous diet, watching the action of the bowels and liver. Use hip baths and water in various ways. Olive oil on abdomen as a rubefacient. The remedies mentioned were black cohosh, apis, apocynum, caulophyllum, cimicifuga race, five or six drops daily, ergot, if at all, thirty to sixty drops at a dose.

J. N. Mitchell, of Philadelphia, read a paper on mechanical assistance and local application to relieve dystocia in the first stage.

The causes of dystocia he stated to be :

1. Organic disease of the cervix, such as hypertrophy, occlusion from false membranes, fibroid tumors, ovarian tumors and cancers.

2. Closure of the cervix from cicatricial atresia.

3. Firm adhesions of the membrane to the walls of the uterus around the os internum, interfering with the stretching of the lower segment of the uterus.

4. Overdistension of the uterus from excess of amniotic fluid.

5. Defective, short, cramp-like pains.

6. Premature rupture of the bag of waters.

7. Thickening of the os from œdema.

8. Spastic annular contraction.

9. By the cervix not being in the line of the extension.

10. Contraction of the pelvis at the brim or presentation of some part which does not produce equal pressure.

11. An overloaded condition of the rectum or bladder.

Proper diagnosis is evidently the first essential; the old-time notion that a protracted labor is not harmful to the mother or child is not borne out by recent investigation and statistics; when usual delay occurs temporizing methods may be followed, such as the use of internal remedies; even the use of opium in cases of excessive nerve pain; but when the os has dilated to a considerable extent, or the waters have broken and have been completely discharged, such temporizing methods are not allowable, and the case calls for immediate and prompt relief.

The statistics of pelvic dystocia were furnished by Geo. B. Peck, of Providence. Of the causes of dystocia diminution of conjugate diameter and rigid os are most frequent. Forceps gave relief most frequently. Version is particularly disastrous. Of the various operations for relief use first, forceps if possible, second, craniotomy, third, Cæsarian section.

Placenta previa was the title of a paper by C. G. Higbee, of St. Paul. After discussing the subject briefly, he gave his experience with the Faradic current to control the bleeding. Pass the hand in using it as a tampon, dilate the os if possible, pass the electrode over the fundus of uterus at intervals. After waters are removed use forceps. He cited two cases of manual version. Dr. Higbee does not use ergot.

Dr. J. C. Sanders gave a thorough description of the different growths in the uterine cavity and their relations to the subject under discussion.

Dr. Grosvenor argued that the points made in the paper were good ones. He thought that the mental condition of the mother previous to confinement was of the utmost importance. She should be familiarized with the idea of undergoing this ordeal; lead her to take an interest in preparing clothing and for the reception of the little one. Dr. Owen cited a case of placenta previa; the membranes had been ruptured only partially and the water had escaped slowly. Pains did not come on till third day.

Dr. D. Pemberton indorsed cimicifuga race, in cases dystocia due to rigidity of the os.

Dr. Edmonds objected strongly to giving a woman medicine just because she was pregnant—it was not an abnormal condition.

Dr. Brown, after giving two very interesting cases of placenta previa, appealed to the members for some decided plan of treatment for these terrible cases, and which should be indorsed by the physicians experienced in this practice.

Dr. Phil. Porter protested against the use of thirty to sixty drops of ergot, and thought it should not be published to the world that a homœopathist recommended such a dose. He also objected to the tapping of ovarian cysts, unless life depended on it.

Dr. W. E. Green said that he had very frequently used cimicifuga to

arrest labor and always with success. Thought it superior to caulophyllum.

Mrs. Dr. Smith said she had been reading of the methods employed by the primitive people and she found that they suffered from dystocia as much as our modern society women do. She thought that it was a mistake to charge so many evils to tight lacing. She had as natural labors in cases where she had taken the corset off the patient as in those who wore their clothing suspended from the hips.

Dr. Buck recommended Sitz bath, and gave his experience, showing how successfully they could be used.

The papers of this bureau were thoughtful and well considered, and the discussion which they elicited very interesting and profitable.

Dr. Paine, of New York, read a paper presenting many facts of importance to the institute upon the question of medical legislation. This subject elicited much discussion, and was referred to a committee, consisting of Drs. Dudley, Clark, Fisher and Lungren, to report on Thursday morning, after which the association adjourned for the day.

SECOND DAY.

The second day's session began at 10 A. M., with Vice-President Cowperthwaite in the chair, and over four hundred members present. The daily papers of St. Louis spoke enthusiastically of the marked ability and intelligence exhibited in the convention.

The report of the Auditing Committee was approved.

Drs. Talbot, of Boston, Norton, of New York, and Allen of Ann Arbor, were appointed a committee to prepare a suitable memorial in honor of Dr. E. M. Kellogg, Treasurer.

Upon motion of Dr. Peck, of Providence, R. I., the bureau of obstetrics was reopened, and the important question of craniotomy vs. Cæsarian section was taken up.

Dr. Lungren, of Toledo, spoke at some length, showing statistics in favor of the operation known as Cæsa-

rian section, as better for the mother by 20 per cent and for the child by 95 per cent over that of craniotomy. Forty per cent of American Cæsarian sections have resulted in recovery. Dr. Lungren, from personal experience, spoke emphatically of the advantages of this method, and gave clinical reports of several cases of his own, all of which proved successful.

The committee on the President's address reported approving of the address as a whole, speaking particularly, however, of the question of dynamization, upon which the committee was divided, Dr. Clark, of Massachusetts approving the appointment of a committee to experiment upon the pathogenetic effects of drugs in attenuations, and Drs. Butler and Sherman favoring the division of the subject into the pharmaceutical and the pathogenetic phases of it. Drs. Clark, Butler, Sherman, Drake, Fisher, Dudley, Allen, of New York, Allen, of Ann Arbor, and Owens, spoke to the resolution, which was referred to the Bureau of Drug Provings.

The Bureau of Microscopy had for its subject of study this year, "Bacteria in its relation to Disease." Instead of presenting individual papers, they offered through A. R. Wright, of Buffalo, a digest of the literature of Bacteriology for the past year, prepared by the Secretary of the Bureau. The following were some of the prominent points noted, which were mostly from literature not published in English:

1. Results of investigation on Koch's tubercle bacillus, how propagated, and the infection of healthy subjects through the dry sputa of tuberculous phthisis. Proves the tubercle bacillus and said infection. How to disinfect.

2. The etiology of suppuration and the minimum quantity of an antiseptic required to arrest the development of bacteria. Puts chlorine better than mer. sub. cor.

3. On fumigation of infected clothing with chlorine and bromine.

Chlorine best, but none sure to kill bacteria.

4. On the development of anthrax bacillus, its culture and Pasteur's vaccination. Pasteur work indorsed, but vaccination not a sure protection.

Highly complimentary remarks were made by Dr. Dake, of Nashville, and Dr. Allen, of New York, as to the eminent authorship and highly scientific character of the papers presented. Dr. Allen spoke of the expectant plan in the management of zymotic diseases, as superior by far to the allopathic plan of treatment, which is, according to recent investigations, and reports of the French Academy, highly unsatisfactory. The expectant plan is especially satisfactory to the homœopathist, who calls to his aid special symptomatic remedies to relieve, particularly severe complications and sequelæ.

Dr. Buck, of Cincinnati, pursued the same line of thought, and spoke of the duty of the American Homœopathic Institute to follow the lines of scientific investigation, now becoming so prominent throughout the world, and cautioned particularly against confounding the bacillus as a cause and as an effect of disease. He was sorry to hear homœopathists ridicule the idea of these investigations as a waste of time. This is a very great mistake. It is necessary for us to show to the world that we are ready to add to our knowledge by scientific research, in any and every direction.

The Bureau of Ophthalmology, Otology and Laryngology reported through Henry C. Houghton, of New York.

Dr. Wanstall, of Baltimore, read a paper on hydrogen peroxide. In the treatment of suppurative otitis media and other inflammatory conditions it was good, but did not deserve the recommendations it had recently received. And it fails to be as useful in eye troubles as promised. He mentioned other remedies: boracic acid in chronic suppurative processes,

hydrated oxygen in inspissated cerumen, and reported clinical cases.

Dr. McGuire indorsed Dr. Wanstall's remarks on hydrogen peroxide, but thought it equally useful in purulent ophthalmia.

Dr. Houghton read a paper of his own upon the indications for several new and valuable homœopathic remedies in ear diseases, which was well received. He also spoke of the peroxide of hydrogen, mentioned by Dr. Wanstall as an agent of value as an antiseptic.

Dr. Campbell read a valuable paper on paralysis with loss of accommodation. Gave a resumé of cause, pathology and treatment. Loss of accommodation is frequently the sequel of diphtheria, and is sometimes accompanied by loss of speech and other nervous symptoms. Gave one or two cases in point, each resultant from diphtheria.

A paper by Dr. Bellows, of Boston, was next reported, upon a new treatment of rigidities of the auditory apparatus. This paper was accompanied by a new instrument manufactured for use in this condition.

Dr. Houghton followed with some thoughts upon the analogy existing between the eye and ear, in many forms of disease, and the use of electricity in affections of the character described.

Other members spoke upon the questions under discussion, after which the bureau was closed, and Dr. Alfred W. Wanstall, of Baltimore, was appointed chairman for the ensuing year.

AFTERNOON SESSION.

The report of the Bureau of Sanitary Science consisted of a letter from Dr. D. H. Beckwith, of Cleveland, O., regretting his inability to attend, owing to ill-health, and requesting Dr. L. C. Grosvenor, of Chicago, to take his place as chairman. The latter gentleman, after making a few remarks complimentary to Dr. Beckwith, read a synopsis of the paper prepared by the latter on "Hygiene

of the Decline of Man." The paper contains some very interesting statistics.

The decline of man begins at 60 years. The average duration of life is on the increase. He thought that with modern sanitary precautions and the help of homœopathic remedies man ought to live to a good old age. He also gave the history of sanitary science from the time of the Roman baths, as studied by Esculapius, Galen and others. Thinks that the epidemics so frequent in past ages were due to the terrible uncleanness. They employed numerous methods in the shape of charms, and had various superstitious practices by which they hoped to secure immunity from disease. This form of superstition was succeeded by witchcraft.

Dr. H. E. Beebe, of Sidney, O., read a paper on "Hygiene of the Superstitious Ages," showing the sharp contrast between superstition and science. The paper gave evidence of an extensive research of history on the part of its writer, and followed the march of civilization from the days when human beings were treated as brutes to those of the present century, when pity softens all, and when the death percentage is so much lower.

Dr. Beebe, however, was not prepared to say that the days of the black arts of medicine were ended, as abundant evidences to the contrary are found in the advertisements of faith cures, etc., and the large establishments erected for and devoted to these cures, finding an ample patronage from the large proportion of the ignorant and superstitious among our large populations.

One of the most valuable and interesting papers of the day was that read by Dr. Grosvenor, of Chicago, on the "Hygiene of Infancy." It was extremely practical, and spoke of the joys and sorrows of motherhood, and contrasted the conditions of the healthy and the sickly child, and the causes which made them either healthy or sickly, robust or puny.

He thought extra care should be taken of the mother, and that she should at all times remember that she has to eat for two. He favored a bowl of oatmeal in the morning, breakfast with the family, a cup of cocoa in the middle of the forenoon, the regular dinner, then in the middle of the afternoon some nourishment, supper, then at night nicely baked apples with sugar in the center.

Dr. Dudley spoke of the subject illustrated by Dr. Grosvenor, the Hygiene of Infancy, confining himself particularly to "tired milk," and the rich mine of information possessed by the ordinary farmer or stock-raiser, but of which the great human race, in affairs pertaining to themselves and their children particularly, have remained in strange ignorance. The speaker, however, took issue with Dr. Grosvenor, and thought that, in speaking of the case of the mother, he had confined himself to what he would do, or what plan he would advise, in the case of ladies in easy circumstances, forgetting those whose husbands have a limited income, and who themselves have to work to keep the wolf from the door. Being asked what he thought as to the time of weaning children, Dr. Dudley said he had no cast-iron rule.

Dr. Mitchell spoke in eulogy of Dr. Grosvenor, and thanked him for his suggestions. Continuing, he spoke warmly in opposition to condensed milk, which had been mentioned favorably by Dr. Dudley as being an assistant in weaning.

Dr. Grosvenor returned to the subject, speaking of the milk bottle, etc., for the baby, and advocating a tea or broth made with finely sifted oatmeal, given to the child from a bottle instead of the 10 o'clock night nursing, and the second week given also instead of the 10 o'clock morning nursing.

Dr. Allen also took issue with Dr. Grosvenor, and thought he was inclined to run too many of the mothers and children through the

same mill, asserting that all mothers can not take oatmeal in the morning and baked apples at night. He said it was folly to attempt to give a set diet—that every man had to find out what was suited to his own stomach.

EVENING SESSION.

The Bureau of Gynæcology reported through Phil. Porter, of Detroit, the subject being diseases of the ovaries and their treatment. Dr. Porter deserves a special vote of commendation for the admirable manner in which he arranged and presented his material. The first paper was by H. K. Bennett, of Fitchburg, Mass., on Ovarian Neuralgia. This was defined as generally betokening a disturbed or abnormal condition of the system, and as the product of numerous causes, an intermittent condition being most common, exposures to cold, inflammation of the coverings of the ovaries, sometimes caused by too frequent copulation. In diagnosis the objective symptoms may and are frequently mistaken for peritonitis; the localized pains are generally on one side only. Sacral neuralgia can be told by pressure on the sacrum.

Dr. A. I. Sawyer, of Monroe, Mich., on Oöphoritis, said that inflammation of broad ligament will often cause a train of symptoms simulating those of the more serious disease. Touch is of value in differential diagnosis. If you find a round body in the *cul-de-sac*, and it is very sensitive to pressure, attended with nausea and vomiting, or hysterical symptoms, you may conclude you have an inflamed ovary. Causes: cellulitis, pelvic peritonitis, gonorrhœa, suppression of menses, shocks, traumatism, etc. Hence ovaritis is usually complex. Chronic form is more common than the acute, and is less amenable to treatment.

We hope soon to have more satisfaction in the treatment.

Ovarian Dysmenorrhœa was discussed by Mrs. M. B. Pearman, M.D., of St. Louis.

There is some doubt as to the

existence of such a disease. The author of this article believes any abnormal condition from a slight inflammation followed by even the slightest indication to those cases where adhesion binds down the ovary, preventing the possibility of normal development of vesicles, may have its reflex influence on the catamenia, causing great pain. Pregnancy cures some cases, and relieves some, but it is my opinion that those are due to displacement, and when pregnancy does not cure the ovarian trouble, the true cause prognosis. We will not feel immediately alarmed about the *cause* of ovarian dysmenorrhœa coming under our care, if able to control the patient and keep her from excess, mental, physical or sexual; would recommend a change of climate, absence from home and cares liable to aid in bringing the case to a successful termination.

On Ovarian Displacements Dr. S. P. Hedges, of Chicago, gave a history of the different classes of displacements. On anterior intra-pelvic there is a train of most distressing symptoms of the most intractable character. Painful and protracted cases are cured by removal of ovary.

He then discussed the most common of displacements: posterior retro-uterine displacement, giving the causes. In the treatment, he said replace the ovary *first*, place the patient in the knee-chest position, lift the perineum; the vagina will fill with air, often the ovary will glide into place. If this is not the case, use the broad end of a uterine reposer or sponge holder with a sponge large enough to distend the vault of the vagina. The tendency toward a recurrence is discouraging, and necessitates some support. In some cases of replacing the inflamed ovary it will be necessary to tampon the vagina medicated as to symptoms. No treatment was suggested; it was left to the physician to use in connection with gynæcological measures the carefully selected homœopathic remedy.

Dr. Phil. Porter spoke for himself on Ovariectomy. Without attempting to go into the history of this operation, its rise and progress, we proceed at once to the consideration of the indications for operation. Many ovariectomists postpone the operation until the growth has assumed a very large size, interfering with the normal functions of the abdominal organs, and the patient becomes anæmic and a confirmed invalid. This we think a mistake, as in later years, *antiseptic advantages, strict cleanliness* and proper homœopathic after-treatment, modify the views regarding the dangers from shock, peritonitis, hæmorrhage and other dreaded complications that formerly were expected.

We do not now approach an operation for the relief of an ovarian cyst with the dread we formerly did. In the last three years we have never administered one particle of morphine or opium in any form, relying on the indicated remedy instead. Operate at once if the tumor is malignant.

Such complications as ascites, debility, peritonitis, previous ovariectomy, should not deter us from operating.

Statistics of foreign ovariectomists show less mortality in the spring and summer than in fall or winter, but we are obliged to think that personality has more to do with an operator's results than the season.

In making preparations every patient should be judged by its *own* peculiarities relating to mental and moral as well as physical influences, which must be constantly considered in private practice. Night before operation patient should have a warm bath, bowels and bladder evacuated; nothing should be eaten from four to six hours before operation. The house should be a private one, and the patient surrounded by healthy influences. Temperature of room should be raised to 80° F., and maintained during the time the abdominal cavity is exposed. The necessary instruments are a scalpel, a director, trocar, needles

and silk, cautery irons, forceps and ligatures.

The author here described his method of operating, making the incision along the linea alba, "nicking" the peritoneum and continuing the incision to the same extent as the first incision. He empties the cyst if it is adhesive, before breaking them up with two fingers. When the tumor has been reduced sufficiently to allow it to pass through the incision, Nelaton's cyst forceps are applied and the cyst drawn out. He exhibited a large flat sponge which he used at this stage to protect the intestines.

His method of securing the pedicle is as follows: After evacuating the cyst he applies the larger clamp, divides the pedicle above it, and applies cautery to stump. Should there be hæmorrhage when clamp is loosened, re-apply them and crush the mass with considerable force. The whole mass is gradually cooked off down to the clamp. Cool the clamp gradually and secure the pedicle for later inspection before it is dropped into the cavity. All fluids should be removed from cavity with sponges.

Recommends Keith's glass draining-tube for drainage.

Three entries are used to close the abdominal incision, and the peritoneum is accurately brought together and secured with buck shot over perforated lead shield.

The after treatment is of great importance. Homœopathic remedies should be employed according to the *law of similars*, and as long as the mechanical part has been performed correctly you may depend on success.

The surgical part is only a portion of this grand operation.

Dr. Ludlam, in discussing Dr. Porter's paper, compared homœopathic practice and ovariectomy with records made by those distinguished in the old school, and did not believe we should designate every administration of a sedative or an anodyne as murderous. In certain

emergencies he prescribed quinine, though not in massive doses. He considered it in the light of a food. Dr. Keith, in a personal conversation with the speaker, mentioned his treatment of the pedicle by the Baker-Brown method, and includes bringing the surfaces as well as the edges together. Albuminuria he did not consider a bar to ovariectomy, but in such cases sulphuric ether should not be administered. He reported the following statistics: During the past fifteen years he has made 206 abdominal sections on the living body. Of these 192 were ovariectomies, and 26 died, many in the earlier years of his experience; 12 were of cancerous nature, and all died. Four were double ovariectomies; 60 had been previously tapped; the largest removal weighed eighty pounds; extremes of age 64 and 16 years.

Dr. Eaton, of Cincinnati, remarked that if Dr. Porter had not mentioned homœopathic medicines his paper would take well in an allopathic meeting. Nevertheless, he was proud of Dr. Porter, and proud of the fact that he was on the homœopathic side of the fence, but he thought Porter's treatment was a little too heroic, and that instead they should strive to find out how to avoid doing all this cutting, instead of, as appeared from Dr. Porter's paper, resorting to it every day; in fact, having women coming in droves just to be subjected to the knife. In his practice he had never found that women were so extremely anxious to be cut open.

At this point Dr. Eaton's time, under the rules, for speaking expired, but by vote the rules were suspended, and he was given further time. He then continued protesting against so much slashing, and outlined a plan which he regarded as more creditable to homœopathic treatment. He also promised to give a new plan of treatment at some future meeting which he is now developing, and with which he claims to have been very successful, though as yet the treatment is only partially perfected. !

Dr. Van Cleef was very glad to hear Dr. Eaton's remarks, but would like to know what percentage of cures he had had under his treatment. The latter said he was not prepared to give estimates, further than to say that his plan had proved very gratifying to himself and his patients.

Dr. Porter wanted to make an explanation that the paper read was only an abstract. He said he understood before he read his paper that Cincinnati was to take his scalp, but if that was the programme he wanted Cincinnati to do it properly.

Dr. R. Ludlam, of Chicago, advised caution, and disparaged division in the school, saying that they might be said to be bordering on quackery. He wanted to be frank, and advocated the employment of such means and medicines as would save human life, rather than follow out prescribed ideas. He said he was a homœopathist, but was more anxious to save life. He gave Dr. Eaton the credit of being consistent in his views and in his practice, but many of his school would call him antiquated. Of Dr. Porter, he said he had all the enthusiasm of a new convert.

Dr. Porter had intended to reply to Dr. Eaton, but Dr. Ludlam had wiped him out so nicely that he would withhold his remarks. Dr. Porter regretted that the other ovarian abstracts had received no notice.

The Chair appointed Dr. L. A. Phillips chairman of the bureau for the ensuing year.

The Board of Seniors announced that all new members would have to hand in their applications during the evening.

Dr. Burgher, of Pittsburg, Pa., read a telegram from Dr. McClellan, of that city, announcing that the Legislature of that State had just appropriated \$65,000 for the Homœopathic Hospital of Pittsburg. The hospital has property worth \$200,000, accommodating 200 beds.

The institute then adjourned for the day.

THIRD DAY.

Dr. F. H. Orme, chairman, said the progress of homœopathic literature now warranted its use in all departments of study in our medical colleges.

Dr. Wm. Owen, chairman, Bureau of Anatomy and Physiology, reported on the subject of Insanity.

Dr. S. Lilienthal discusses the etiology of insanity, and claims, that as alienists we have to deal with the physical and not the mental or metaphysical, that being reserved for the theologians, and quotes Maudsley to show that the mind can not be a natural force like gravity or electricity, but is dependent upon a physical nervous structure as much as the functions of the liver are dependent upon the thousands of hepatic cells, and maintains insanity can not be a mental disease, considering mind metaphysically an entity, but is one of the aberrations of the many physiological functions of the brain, evincing itself with any other function of the body in a plus or minus brain energy, by excessive exhibition of one or more of the three great functions of the mind—perception, cognition and will power. He then referred to the influence of heredity in various forms of disease and the neuropathic constitution in particular as giving rise to an irritable debility, favoring the accession of insanity after acute disease, troubles, cares, intoxication, syphilis, etc., and shows that the same conditions may be acquired. The relation of age and sex to insanity and the influence of somatic and traumatic causes, transforming an original neurosis into a psychosis, was mentioned, also, alcoholism, opium, cannabis, chloral, and sexual abuse as examples of physical causation in the present generation, and their hereditary transmission to our offspring, and refers to the results of our present systems of education, and the state of our civilization, habits,

etc., tending at least to induce such insane conditions in our offspring if not in the present generation.

J. W. Morris, M. D., Wheeling, W. Va., on the effects of alcoholic beverages, in causing anatomical changes in the heart, liver, lungs, kidneys, brain and spinal cord and their membranes, which may serve as an acquired cause for insanity. Dr. Morris shows, by reference to a large number of alienists, that a very large proportion of the unfortunate in our asylums were the victims of intemperance, and that post-mortem examinations of such extensive organic changes in every instance showed, involving one or more of the vital organs. Mr. Morris then shows, by comparison, that the mental phenomena occurring in insanity, are identical with those taking place under the influence of alcohol, from the earliest steps to their termination, in the loss of mental tone, mania, dementia and paralysis.

Dr. Geo. F. Foote, Stamford, Conn., on alcohol and its concomitants, as irritants to the nervous system and a cause of mental aberration. He submits the question, Is the *cause* of insanity, material or mental? after referring to the unsatisfactory results from researches in pathological anatomy. He affirms that, like other causes for insanity, alcohol and other exciting and narcotic substances have their stages; begun in early life they create artificial desires, appetites and habits in violation of natural law, and tastes that are injurious to health, leading to indulgences which augment, though apparently by infinitesimal degrees, degradation of the moral sense with its irresistible suicidal tendencies.

He dwells largely upon the influence of tobacco, pepper, spices and condiments generally, as not only predisposing but as exciting causes of insanity, and concludes by instituting a comparison between homœopathic and allopathic therapeutics.

At 12 o'clock the association proceeded to election of officers for 1886.

Dr. O. S. Runnels, Indianapolis, was elected President; Dr. Alfred I. Sawyer, Monroe, Mich., Vice-President; Dr. J. C. Burgher, General Secretary; Dr. T. M. Strong, Provisional Secretary; Dr. E. M. Kellogg, Treasurer; the Censors, R. B. Rush, A. R. Wright, F. H. Orme, D. S. Smith, H. B. Clarke. The next meeting will be held at Saratoga, N. Y.

Dr. P. Dudley, Chairman of Special Committee, submitted the following:

WHEREAS, The American Medical Association and various State allopathic medical societies have made numerous attempts to obtain legal control of the profession of medicine by securing the enactment of laws creating State licensing boards, composed in whole of the allopathic school of physicians;

Resolved, that it is the sense of this Society that all legislation which proposes to place the licensing of homœopathic physicians, either wholly or partially, under the control of those known to be inimical to the practice of homœopathy, should be vigorously opposed in all the States, and that the friends of homœopathy, and of equal rights, in State legislatures are urged to use all honorable means to prevent invidious discrimination in licensing of medical practitioners.

AFTERNOON SESSION.

The committee on drug provings, was called on for their report. The chairman, David J. McGuire, of Detroit, introduced Dr. Lewis Sherman, of Milwaukee, who presented the rules they had formulated, and by which the provings should be made. The rules were printed and copies can be obtained from the committee. Upwards of eighty physicians and medical students had volunteered their services. He stated that they had offered prizes for provings, and a fund had been raised by the individual contributions of Drs. Allen, Arndt, Dake, and others.

A. W. Woodward, of Chicago, in a paper which showed that the commit-

tee had made earnest, impartial efforts to fulfill the duties required, asked that there be a different standard adopted by the association in regard to provings and their acceptance. He gave two or three experiments which showed that under the present standard it was impossible to get a uniformity of symptoms, still he thought they were of value. He also mentioned that some of the provings were uniform in pathological effects but not in the pathogenesis. He thought the necessity for a different standard of judgment had arrived. He mentioned that the committee had received several provings from individuals in the profession.

Dr. McGuire read several provings of *stannum metallicum*.

Dr. Pemberton Dudley, said as to the request made by Dr. Woodward, he thought the committee ought to be allowed freedom of judgment in this matter, for they were supposed to know best and be better able to judge as to the necessity for a change in the standard by which provings are accepted or rejected.

Dr. Dake, chairman of board of drug provings, complimented the committee on the rules they had presented, saying they were carefully gotten up.

The Bureau of Surgery reported. After an introduction by Dr. Geo. H. Hall, of Chicago, who acted as chairman in the absence of Prof. Helmuth Dr. I. T. Talbot read the only paper, presented in this bureau, the subject being the treatment of diseases of the testicles by remedies. In orchitis, if abscess forms, evacuate the pus and give *hepar sulphur*. During the inflammatory stage he usually gives *aconite*, a few drops of the tincture in water; *belladonna*, if the face and head be congested; *pulsatilla*, if the patient is of a mild disposition and feels sorry for having indulged in sexual excesses; *clematis* is often of value in the later stage of the disease, after *hepar* has done its work. *Epididymitis* is usually consecutive to gonorrhœa. An early symptom is

pain along the cord. It may be treated by cold applications, but if these are not well borne use hot decoction of *hamamelis*. Irritable testicle is usually caused by self-abuse. The pain is felt along the cord extending down into the testicle; *aconite* and *ignatia* are valuable remedies; often a few whiffs of a cigar, in non-smokers, will afford relief. In cases of disease of the testicle requiring operation—cancer, sarcoma, etc.,—after the diseased portion is removed, *mercurius sol.*, *conium*, *lachesis*, or *arsenicum* may be indicated. Dr. Talbot gave a full pathological and etiological description of cystic degeneration of the testicle, with the differential diagnosis from hydrocele; treatment, excision. For myoma and fibroma surgical measures alone are of any value. Atrophy of the testicle requires immediate attention; the treatment may be by electricity and *conium*, or other indicated remedy. Abscess of the testicle resulting from a blow or other injury requires to be opened freely with the bistoury. Hydrocele is somewhat obscure as to causation. The treatment in infants and young persons consists of puncture and bandaging. In adults, good results follow the inflammatory process set up by injections of nitrate of silver, wine or iodine, or by introducing the red oxide of mercury on a probe through the canula of a trocar. Great caution must, however, be used in the introduction of remedies into the cavity of the scrotum. Varicocele is caused by a great amount of blood being forced into the testicle by a strain, excesses of coition, or any thing which unduly retards the escape of the blood from the spermatic veins. The absence of valves in the veins makes this form of varicosis a common accident. The various forms of radical treatment are fully detailed in the text-books.

In the discussion of this paper Dr. M. O. Terry objected to the fact going into our transactions that this bureau indorsed the use of the thir-

tieth potency of silicea and hepar in orchitis. There is no such thing as any drug in such potency, as was clearly demonstrated by Dr. Smith at Niagara Falls. It was absurd to take up any drug for this disease of such a potency. Local applications and rest is the only treatment for orchitis.

Dr. J. E. James, of Philadelphia, puts the patient to bed, if possible, in all these conditions. Acute orchitis is a rare disease, but acute epididymitis is a very common one. Pulsatilla gives better satisfaction than any other remedy. As auxillary means he uses heat and absolute rest. He related a case of irritable testis where the only relief had been given by angustura.

Dr. L. H. Obetz gave quite an exhaustive consideration to the surgical treatment of orchitis and varicocele.

Dr. E. C. Franklin complained of the new regime inaugurated by the present chairman of this bureau. Thought the old method good enough. He desired to add by way of treatment of hæmorrhage the ammonia ferric of alum. He also employs this drug in hæmorrhage from uterine disease. It is a powerful astringent. Encephaloid condition of the testicle is often erroneously diagnosed as tuberculosis. For injection of the scrotum in hydrocele he recommended the use of pinus canadensis. For cancer of the uterus he is now trying inoculation of cancer cells.

Dr. E. H. Pratt, of Chicago, thinks in cases of disease of the testicles we should look well to the condition of the rectum before we operate, to see if the real cause of the disease may not be found there. Was opposed to dividing the veins subcutaneously. Varicocele often originates from causes at the base of the bladder.

Dr. Geo. A. Hall does not hesitate to castrate for any desired condition when the case fails to quickly respond to remedies.

FRIDAY MORNING.

The Bureau of Pædology reported,

Dr. R. N. Tooker acting as chairman. Two papers only were read, one on convulsions of children, after which there was a general discussion of the subject by the few members remaining, about thirty. There was nothing new advanced. Dr. Tooker was appointed chairman of the bureau for next year. In accepting, he said that he protested against placing so important a bureau last on the programme, as had been the case for the last three or four years. A large number of the members had left for home and the remaining were tired and did not take interest in the proceedings. He said the bureau had ceased to be of much importance.

The Bureau of Psychological Medicine. Subject for discussion: "Exercise and its Relation to Mental Health."

S. H. Talcott, the chairman, was absent. Dr. J. M. Kershaw, of St. Louis, read a paper on cerebral congestion, and stated that the only treatment he had used with success in this disease was exercise. He gave several cases which had been greatly benefited by regular judiciously taken exercise—consisting in walking, riding, etc., carefully regulated according to strength and health of patient.

Dr. J. D. Buck, of Cincinnati, then read a paper on the Gymnasium in Relation to Mental Health. He spoke of the temptations the young of today were subject to, and alluded to the fast age we live in and how a young man of twenty-one was aged in vicious experience and had run the gauntlet of popular vice; he claimed that the gymnasium afforded an innocent, healthful amusement in lieu of the vicious pleasures. He said the development of the muscular system necessarily benefited the whole system, that the physical and mental health would be alike improved, that the forcing of the blood into the brain by the exercise was especially beneficial to those of sedentary habits. He said two or three appliances of the gymnasium

should be abolished, viz., such as were by their violence liable to injure rather than benefit, for instance the so-called "health-lift" and the "giants-swing."

There was no discussion of these questions—there were two or three other papers read by title only, the authors being absent.

Dr. T. L. Brown, Binghamton, N.Y., submitted a paper on "Roller Skating and Mental Health." He had tested for a year the new method of exercise. The doctor says: "Observation and comparison, with a view to correctly determine the good and evil upon all classes, compel me to decide in favor of roller skating for those who, by their increased mental work, are deprived of the necessary muscular exercise. It is a prescription a physician can take himself without fearing to soon share the fate of his drugged patient, who needed exercise more than medicine. I have been summering and wintering on roller skates. I have been on the wheels 250 times; I have seen 55 years of life, thirty years in practicing medicine before putting on the rollers. When I first saw young people roller skating, I thought it seemed so easy. When I put them on I soon discovered that I had not met with anything which could take the conceit out of me as fast as the easy-moving wheels. It took twenty evenings to learn to balance 196 pounds in a manner that those who observed me were not as often raising their faces with uncontrollable laughter. From that day to this I have been steadily gaining physical and mental control by this regular exercise. I last weighed 202 pounds, mostly more muscle and correspondingly less carbon tissue. I took the exercise for health and amusement combined. I have never seen a year of as good nutrition and sound sleep as the past year, under the influence of roller skating. It is not a craze to the person who utilizes it for social amusement and health. People who have not tested the exercise are not

wise on the subject. Whatever they say about it needs more correction and criticism than skating. We should skate as we eat, sleep or tell the truth, just for the utility and the improvement it will individually produce. The fittest men and women are daily doing this for the good and happiness it gives them and others. Temperance and exercise furnish evidence of individual mental health in those who practice both. Skating unites the body and mind more intimately than walking or running and with less fatigue for a similar amount of effort."

MEMORIAL SERVICE.

At the call of the chair for the memorial service for deceased members, Doctors J. C. Burgher, J. C. Dake, T. F. Smith, J. T. Talbot, J. C. Sanders, D. S. Smith, H. C. Allen, and the chairman offered some fitting remarks. The following members have died during the past year: Luther Clark, Boston; A. C. Cook, Hudson, N. Y.; N. F. Cook, Chicago; J. F. Cummings, Portland, Me.; Milton Fuller, Boston; B. F. Joslin, New York; F. R. McManus, Baltimore; B. E. Sawyer, Haverhill, Mass.; A. M. Bennett, Rochester, N. Y.; C. J. Brooks, Boston; C. H. Burr, Portland; John Butler, New York; R. E. Carruthers, Allegheny City; O. H. Crosby, Atlantic City; R. L. Howard, Clinton, Ill.; F. W. Ingalls, Kingston, N. Y.; C. Lippe, New York; H. Powell, New York; P. G. Valentine, St. Louis; A. C. Hoxsie, Buffalo.

The Chairman read a communication from Washington, D. C., asking co-operation of the Institute in the establishment of the Homœopathic Hospital in that city, for which Congress has appropriated \$15,000.

The customary resolutions of thanks to the chairman and officers of the Institute, the local Committee of arrangements and the press were adopted, after which the Institute adjourned to meet next year in Saratoga, N. Y.

AMERICAN PÆDOLOGICAL SOCIETY.

Dr. Grosvenor, the President, in an extemporaneous report, gave a series of valuable hints touching the care of new born infants; he specially noted the importance of attention to small details, and in his practice has ready before the event all possible necessities. Immediately on birth, delay only instituting difficulties, a warm sweet oil bath is administered, the eyes being washed with clear water; ready prepared soft fragments of cloth are used for wiping the body. Rupture he demonstrates to be very frequently caused by the old time use of stiff linen bandages, with four or more pins; he substitutes an extremely simple article, merely a strip of soft cloth six by eighteen inches; this allows of a double portion when applied, which is placed over the navel and held by two pins, but intervening he places a small quantity of absorbent cotton, allowing this to remain for three days. He insists on the use of newly designed garments, instead of the customary heavy and cumbersome articles. These consist of three dresses, very simple in design, cut Princess, hanging from the shoulders, and each being fastened by a single button, giving ample room for any motion, without restraint at any point, the sleeve extending to the wrist, the undergarment of fleece-lined Canton flannel. The pinning blanket consists of two pieces, one 16 inches square, the other 10x12 inches. By this system of dressing the usual involvement of forty or more minutes is reduced to seven. Soap is positively proscribed during the first two years. Necessity of regularity in feeding and sleeping both for infant and mother are specially urged, and specific regulations established and acted upon from the very day of birth, the feeding occurring every four hours, and sleep invariably from ten at night.

One of the interesting features of the session was the reading of the report of Dr. Henry M. Hobart on

scarlet fever in the Half Orphan Asylum of Chicago. The Doctor's report abounded in statistics, and was full of interest to the profession. He was closely questioned in relation to the asylum treatment of scarlet fever, answering all questions explicitly and with promptness. In reply to a question as to disinfectants, he said they employed carbolic acid and the burning of sulphur, with every thing properly arranged about the hospital, hard wood floors, etc., but he did not think it possible to pursue this same plan with the same success in private practice, as they would not find the surroundings so arranged as to lend assistance.

Dr. S. P. Hedges, a member of the staff of the same institution, spoke of the prophylactic treatment, employing sulpho-carbolate of soda and belladonna, the result being conclusively in favor of the latter. Dr. Hedges' experience in the asylum dated back prior to Dr. Hobart's connection with the same, when they had no hospital, and had to take the afflicted to the upper dormitories.

Dr. Hobart returned to the use of remedies, and agreed with Dr. Hedges that the results at the asylum were favorable to belladonna, but they were not positive enough to warrant him in speaking too warmly of it.

Dr. Geo. B. Peck spoke of his experience in the treatment of scarlet fever, and said the deaths of the few patients whom he had lost were directly traceable to gross mismanagement, not necessarily intentional, but careless. He said that in no disease did children require such close attention as in scarlet fever, at least until after the eruptions had disappeared.

Dr. Williams, of Chicago, spoke of his treatment of the disease, advocating frequent bathing, properly conducted, in preference to inunctions of oil. He also gave his experience in preventing the spread of the disease, frequently stopping it with one case in families of six to ten children.

Dr. L. A. Phillips, of Boston, thought with Drs. Hobart and Hedges, that belladonna was a prophylactic in certain cases, though not universally so. He thought sulpho-carbolate of soda had been found wanting, but spoke of it very confidently in cases of diphtheria. He asked whether in the case of scarlet fever discussed, a brain affection had ever appeared, instancing the only fatal case of the fever he had ever had or seen, and in which brain affection appeared.

Dr. Hobart answered in the affirmative, and said brain complications were the most prominent signs in malignant cases, mild delirium being frequent.

Dr. Enos, of Jerseyville, Ill., cited an instance in which he had successfully used sulpho-carbolate of soda as a prophylactic in stopping the spread of the disease. He had also satisfactorily used belladonna, but was evidently strongly attached to sulpho-carbolate.

Dr. William Owens, of Cincinnati, doubted whether there is any virtue in any of the prophylactics. Dr. Owens spoke on this subject at length and with the earnestness of one who had studied and profited by experience.

Dr. Grosvenor made a few remarks, and was followed by Dr. Whittier, of Massachusetts, who said he had very little faith in all this talk about contagion; that one person caught the disease from this person or that rag or something else. He thought the contagion was atmospheric or epidemic. He said belladonna was a good remedial agent if the poison was in the blood, preventing more than a modified form of scarlet fever. He said he had made his tests at the risk of his reputation and did not speak from brief experience.

The society then took a recess until 7 P.M., Dr. Grosvenor first making a few hopeful remarks as to the work and preparation of papers for next year.

At the evening session the only

business transacted was to arrange for the next annual meeting of the society, to be held at the same place as that of the American Homœopathic Institute, the first session to be held on Wednesday of the week chosen, at 8 A.M.

PERSONAL POINTS.

SARATOGA—1886.

DR. LEMUEL C. GROSVENOR, of Chicago, won much applause as a pleasing and convincing debater.

PROF. LUDLAM was enthusiastically received by the Convention at St. Louis, even though he *was* just from Chicago.

IT was noticed that there were very few old-looking men in attendance. Even the veterans looked frisky.

PROF. T. F. ALLEN displayed splendid executive ability as the presiding genius of the Convention.

DR. E. M. KELLOGG, of New York, is considered a model Treasurer. He has a life-long tenure of the office.

PROF. J. E. JAMES, the eminent surgeon of Philadelphia, was listened to with earnest attention in discussion of the diseases of the testes.

THE visiting physicians were very complimentary in their reference to the work of the local committee in the matter of entertainment.

DR. C. E. FISHER, of Texas, is a lightweight—but his allopathic neighbors, whom he sat down on so heavily the past winter, don't think so.

DRS. J. C. SANDERS, of Cleveland, T. FRANKLIN SMITH, of New York, and GEO. A. HALL, of Chicago, are now members of the "Old Guard."

DR. W. E. GREEN, Secretary of the State Board of Health of his State, and Dr. Charles Dake, of Hot Springs, represented Arkansas in the convention.

DR. JULIA HOLMES SMITH is a fluent speaker, a hard worker, and a successful practitioner. She made a very pleasing impression in debate.

DR. LEONARD S. ORDWAY, of St. Louis, made an excellent bureau-chief. The report on Obstetrics was said to be the best ever made to the Institute on that topic.

THERE was considerable timber for a Fat Man's Association on hand, but we did not hear of any definite movement in that direction. How would it do to have a Bureau of Dietetics?

DR. SMALL, of Chicago, the Nestor of homœopathic medicine in that city, and one of the most solid and substantial members of our school, was greeted with warmth by his many admiring friends.

DR. ASA S. CROUCH, of Fredonia, New York, Chairman of the Bureau of Clinical Medicine, was prevented by protracted illness from attending the institute. Dr. J. S. Mitchell, of Chicago, reported for the bureau.

DR. THOMAS M. STRONG, of Ward's Island, New York, the Provisional Secretary, is an experienced stenographer, and short-hands the proceedings for the published transactions, which are the most complete of any medical association in existence.

DR. E. A. SMALL, of Chicago, was the heavy weight of the Institute. Judging by his handsome face, the climate of that town must agree with him. He wears a pair of gold spectacles, over which he looks in a satisfied, good natured manner.

The Globe-Democrat essayed to give portraits of some of the leading speakers, but their best friends wouldn't have recognized the victims after the encounter. President Allen looked as though he was just recovering from his first taste of Mississippi water.

A PENNSYLVANIA medicus, when he spoke of having purchased a microscope of unusual magnifying power, remarked that it was said to possess a power of 10,000 diameters, but that he did not know whether it had such strength or not, as he had bought it in Chicago.

DR. PHIL. PORTER is another energetic and diligent worker. He knows how to get up a good bureau report—and does it. Thoroughness is his specialty and ovariotomy his pastime. Phil. makes it lively for those who don't see things as he does. Long may he wave.

PROF. COWPERTHWAITHE had a big job on his hands in the matter of railroading the members home. As far as we have heard none were mislaid, lost, or stolen, Cowperthwaite might have been president, if he had been ambitious. Even modesty won't save him next time.

THE medical journals were well represented at the meetings. Dr. Henry C. Allen and Pemberton Dudley were busy taking notes for the benefit of their respective readers. Others were likewise engaged, but we did not intend that any of them should get ahead of the AMERICAN HOMŒOPATHIST. Not having been within fifteen hundred miles of the meeting we have been able to give the utmost liberty to a healthy and vigorous imagination. Hence the accuracy and fidelity of our report.

THE NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Society was held on Wednesday evening, May 13, at 8.20 P.M. The President and Vice-President being absent, the meeting was called to order by the Secretary, and Dr. Palmer nominated President pro tem. During the evening, Dr. Bacon, Vice-President, entered and took the chair.

The Secretary occupied about twenty minutes reading a portion of the proceedings of last meeting, when on motion, their further reading was dispensed with.

The following gentlemen, graduates of the New York Homœopathic Medical College, class of 1885, were nominated for membership:—A. H. Porter, M.D., 110th street, between 9th and 10th avenues; H. R. Quinn, M.D., 16 Washington place; F. S. Fulton, M.D., Hahnemann Hospital; M. J. Hawley, M.D., 201 E. 31st street; H. R. Groves, M.D., 303 E. 30th street; F. R. S. White, 719 Madison avenue.

The Secretary read a letter from Dr. E. Carlton, nominating to membership Dr. J. F. Miller, 68 W. 56th street. The question being raised as to the legality of nominating by letter, Dr. S. Lilienthal assumed the responsibility of nominating Dr. Miller, the nomination being seconded by Dr. Winterburn.

The nominations of William H. King, M.D., and H. W. Page, M.D., were reported on favorably by the Executive Committee, and, on being balloted for, these gentlemen were unanimously elected to membership.

The President of the Society introduced to the Society Malcolm Cameron, M.D., a newly elected member of the Society.

Dr. McMurray, on behalf of the Committee on Public Institutions, presented a report of the condition of the hospitals and dispensaries under the control of homœopathic physicians of this county. Among the many interesting features of the

report may be mentioned the following :—

The principal institutions under homœopathic control in New York County are the Ward's Island Hospital, the Ophthalmic Hospital, the Hahnemann Hospital, the Hospital and College for Women.

The Hahnemann Hospital is in every respect a creditable institution ; it is large, complete, and beautiful ; situated in a most desirable location, with ample space about it for fresh air and sunlight ; the internal arrangements are in every way adapted to the purpose for which they were intended ; there are generous provisions for the poor and unfortunate, and these were so appreciated that there were but two unoccupied beds when the Committee called. The special departments are under competent physicians and the general supervision is under the care of a resident physician chosen because of his superior qualifications. The ovariectomy cottage now being erected, will greatly improve the facilities for the treatment of this class of patients.

The Ophthalmic Hospital does not need endorsement ; existing by virtue of its own charter, it holds rights and privileges of its own ; the Committee reported it a first-class institution for the work it is intended ; with a large corps of surgeons specially qualified for their positions ; the number of patients large and increasing.

The Ward's Island Hospital is in good hands, is well conducted and doing a good work ; it is a credit to the city and the profession ; it is not, however, all it ought to be ; the hospital and its interests have been of too little concern to the Homœopathic Medical Society ; the promises of the commissioners have not been kept as they would have been if the Society had done its duty. The drainage of the institution is defective ; a portion of the building is occupied by chronic dementia patients ; the visiting staff has not displayed lately the interest of years ago ; it should be aroused.

This institution is to be known and is known of necessity as a Homœopathic Hospital ; it therefore seems proper that those members of the visiting staff who have publicly renounced homœopathy should give assurance that their practice will continue to be an expounding of homœopathic principles.

The hospital and college for women is doing an excellent work.

Good reports were received from the dispensary in Harlem, and the dispensaries connected with the N. Y. Hom. College on 23d st., and the Woman's College on 54th st.

Dr. McMurray in finishing the report said he regretted a more complete report had not here been presented ; it is enough to say that the homœopathic profession of this county is being represented, and the public served with marked fidelity.

Dr. Bacon agreed with the report of the committee ; and suggested that the society use all its influence to aid in raising money for the building of a children's pavilion as an addition to the Ward's Island Hospital ; the commissioners will assist, and the architect has drawn plans ; but the money is yet to be raised. The location of this hospital should render it particularly useful to the inhabitants of the upper portion of New York City ; yet all patients have to be sent to Twenty-sixth street before they are distributed to the various hospitals.

Dr. Cowl moved that a committee of three members be appointed to consider and report to the Society upon what measures may be taken for the furtherance of the objects of the hospital on Ward's Island.

After discussion the motion was amended ; seconded by Dr. G. S. Norton and adopted, as follows :

Resolved : That a committee of three be appointed to ascertain wherein the County Society can assist and further the interests of the Ward's Island Hospital as a homœopathic institution.

The president appointed Drs. Cowl, Boyle, and Cornell as the committee.

The bureau of clinical medicine and pathology, Dr. Schley chairman, presented the following report, viz., three papers, by Drs. Dearborn, Cowl, and Schley.

Dr. H. M. Dearborn read a paper on the treatment of pneumonia. He advised plenty of air; the sick room should be large and well ventilated, even preferring drafts to a lack of air; the temperature should never be above seventy deg. F.; it is well to have the patient wear woollen clothing about the upper portion of the body so that it will not be necessary to keep the bed clothes on that portion; sponge baths are useful. The food should be adapted to each case, with abstinence during the first stages; it should be suitable in quality and of easy assimilation; water should be allowed freely, almost unlimited in quantity; alcoholic preparations may be used, but not in sufficient quantities to produce a toxic effect; rest and quiet are essential in all cases; a more or less raised position in bed will at times be found to assist respiration. As regards the value of local measures there are widely differing opinions. The use of dry heat is probably one of the best; and it can be most easily applied in the form of heated salt in a bag, which is cleanly and does not need frequent changing and can be adapted to almost any surface. Moist applications have the fault of inconvenience. Dr. Dearborn gave a list of remedies with their indications for use in this disease. The main considerations in the treatment of pneumonia are the best attainable sanitation and the proper homœopathic remedy.

Dr. Cowl addressed the society on the pathological character of pneumonia, as follows:

The subject which I desire to bring to your attention is that of the pathological character of pneumonia, and I have selected it because within the past few years the old and established view that it is a local inflammatory disease has been questioned and the theory put forth with facts

of two kinds to substantiate it, that it is on the contrary a specific disease; that the lesion of the lung is the anatomical expression of a constitutional affection; that pneumonia is an essential fever, an infectious disease. It has heretofore always been considered that pneumonia was typical as a visceral inflammation; the suddenness of the onset, the acuteness of its course, the severity of its symptoms, its rapid culmination in a crisis and its early eventuation in death or full recovery have led to its being pointed out as an example of local inflammatory disease, and this view he thinks is not as yet seriously to be questioned.

There are various facts which are very strong to substantiate the old view of the pathological character of pneumonia, and they principally relate to its occurrence at certain times of the year and under certain conditions of the atmosphere; more particularly, rapid lowerings of the temperature and changes in the barometrical pressure. We all know that after sudden changes of temperature we meet with more disease; and in winter when there has been any great lowering of the temperature, pulmonary affections are particularly apt to occur, especially after extremely cold weather; this has been the general experience alike of the community and of the profession, and its import is re-enforced by a study of the tables of mortality and meteorological records, such as are furnished by the Register of Vital Statistics of the Health Department, and the Director of the New York Meteorological Observatory, wherein self-recording instruments continuously inscribe the various factors of the weather. On the other hand, it is claimed that a considerable number of facts relating to pneumonia—its clinical history, and the lesion of the lung—substantiate the view that it is an essential fever, and this view has been chiefly set forth by Dr. Austin Flint, who read a paper in 1877, in which he took this ground. He has also in-

cluded the matter in the last editions of his work on Practice. I believe, however, that it can be shown that these various considerations do not substantiate the view held; and the main fact upon which I would rely to refute it is that we have in pneumonia an inflammation of a peculiar organ, peculiar by reason of its anatomical structure, its function, and by the fact that with the exception of the heart, it is more vitally important than any other organ of the body, more immediately necessary to retain life within short periods of time.

It is held by those who support the new statement that the quantity of exudation is out of all proportion to the amount of inflammation; this, I think, can be accounted for more simply by the fact that we have a thinner layer of tissue between the blood and the site of the exudation, namely, the tenuous walls of the air vesicles, than anywhere else in the body, and that the exudation is entirely into the air vesicles and not within the lung tissue itself. Thus it may readily increase the weight of the lung two or three fold.

It is maintained that after recovery from pneumonia the parenchyma of the lung is found to be intact, and not altered as after localized inflammations in other parts. Any person who makes a histological examination of the lungs will discover that the tissue is exceedingly tough; there is not much more than the bloodvessels and the epithelial lining of the air vesicles, resting on a very small amount of elastic connective tissue; and the exudation being quite entirely confined to the air vesicles the change can not take place as where the inflammation is in simple connective tissue; therefore the connective tissue is not in any degree destroyed.

That pneumonia almost always occurs in the lower lobe of the lung may be simply accounted for by the influence of gravity in causing greater congestion there.

It is said that the enlargement of

the spleen which occurs in pneumonia makes the disease resemble typhoid fever, yellow fever, etc., but it is to be remembered that the function of the lung concerns the blood primarily, and the spleen being a blood-making organ, would be affected by the derangement of the circulation, and the impurity of the blood due to the improper oxygenation consequent upon impaired action of the lungs.

It is also said that pneumonia never becomes chronic in reality; this may be explained by the fact that the lesional changes are superficial and not deep, being principally the shedding of the epithelium of the air vesicles.

It is claimed that persons suffering from emphysema, asthma, chronic pleurisy, or cardiac disease, are not subject to pneumonia. A study of these diseases will show that there is an increase in the connective tissue of the lung, which is, therefore, less distensible and less likely to be greatly congested than the lung in a normal condition—less liable to the extreme congestion which constitutes the first stage of pneumonia.

If it be held as an argument that pneumonia is likely to occur in other fevers—infectious diseases—I think we have equally good grounds for maintaining that it is due to the excessive elimination of poisonous matter by the lungs; which, it is well known, excrete a large amount of such substances again; as a rule in infectious diseases the heart is weak, and the circulation impaired, which adds to the liability.

A case has been reported in Glasgow with considerable detail, of a man taking, by mistake, a large quantity of carbolic acid; very little gastritis occurred, but within twenty-four hours he was attacked with a distinct pneumonia, due undoubtedly to the elimination of the poison by the lungs, in which it acted as an irritating agent, and produced the disease.

It is held that pneumonia is more

fatal in the Southern than in the Northern States in this continent, and especially in that portion of the South where cold days followed by warm ones are frequent. In the North we are in winter subject usually to long periods of cold weather without a thaw, and the body becomes somewhat accustomed to the cold; but in the South, especially in that portion on and about Mason and Dixon's line, there are apt to be continual changes from freezing to thawing.

It is stated that pneumonia does not occur from the extension of inflammation from a bronchitis; and I believe there is small reason anatomically for considering that it should; the bronchia are nourished by the bronchial arteries, and their circulation is distinct from that of the air vesicles and bronchioles, which is the actual seat of pneumonia. It is needless to add that inflammations rarely skip from regions nourished by one series of blood vessels to another.

It is asserted that the chill is out of proportion to the amount of inflammation which occurs in pneumonia; the chill may be abundantly accounted for by the fact that we have next to the most vital of all the organs affected in this disease, and on the other hand we have an organ which is governed not entirely by the cerebro-spinal system of nerves, but very considerably by the sympathetic system, which it is well known is largely concerned in the production of chill.

Finally it is maintained that the action of antipyretic remedies such as quinine in pneumonia would lead to the view that it is allied to those fevers which are controlled by that class of remedies. On the other hand it may be said that of all remedies which have a marked effect in controlling pneumonia, especially in its early stages, *aconitum napellus* is the most beneficent; and yet *aconite* is generally acknowledged to be of little use in infectious disease.

With reference to the causation of pneumonia by a micrococcus, I think it may be held that micrococci may cause pneumonia in a large number or all cases without militating against the verity of the view which holds its main cause to be meteorological changes. If pneumonia is shown to be caused by a certain bacterium, it is by no means the more important cause of the disease. As pneumonia is not contagious the germ giving rise to it—if such shall be shown—must be subordinate to the other and more apparent causes, else pneumonia would be epidemic and not referable so plainly to exposure as we know it to be.

During the past week I have taken the statistics furnished by the New York Meteorological Observatory in Central Park, which give the registration of the temperature, barometric pressure, force of the wind, etc., together with the mortality reports of the past five months, and have compared the atmospheric changes and numbers of deaths from this disease which we all know to have been so alarmingly prevalent; the only results I have been able to arrive at so far are (1) that a marked daily variation of temperature lasting over a week is peculiarly apt to be followed within two weeks by an increase in the number of deaths of pneumonia; (2) a lowering of the temperature which lasts for a period will be followed by an increased death-rate from pneumonia; (3) marked barometrical changes have a causative influence.

Dr. Cowl exhibited a table of the variations in temperature, barometrical pressure, etc., and the death-rate during the past five months.

Dr. Schley read portions of a paper.

The President stated that notice had been received of the deaths of Professor John Butler and ex-President B. F. Joslin.

On motion a special meeting of the Society was called to do honor to the memory of these gentlemen.

The Society then adjourned.

At a special memorial meeting of the Homœopathic Medical Society, of the county of New York, held May 27, 1885, the following resolutions were adopted :

Whereas, In the recent death of John Butler, A. M., M. D., L. R. C. P., the New York County Homœopathic Medical Society, has occasion to mourn the loss of an esteemed member ; and,

Whereas, It is befitting that this body should take suitable action to attest the feeling aroused among his professional associates by this untimely and most untoward event, therefore, be it

Resolved, That in our intercourse with Dr. Butler, we knew him as an earnest and laborious physician, whose bright and carefully trained intelligence had enabled him to attain a high rank in general medicine, and a pre-eminence in the special branch of electro-therapeutics.

Resolved, That our acquaintance with him rapidly ripened into friendship because, by reason of his many attractive social qualifications, and by reason of his high moral principles, he impressed himself upon us as a man in whom affection and sincerity were conspicuous characteristics.

Resolved, That in thus expressing its feeling, this Society desires to extend its sympathy to the family and friends of our lamented colleague.

Resolved, That an authenticated copy of these resolutions be transmitted to Mrs. Butler, and that their publication be requested in our medical journals.

Whereas, It pleased Almighty God to lay aside from the active practice of his loved profession, our esteemed associate Benj. F. Joslin, M. D., and lately to remove him from this life,

Therefore, Resolved, That we bow to this Providence, believing that he has found in the world beyond, as certainly as in this, that service for others constitutes one chief source of felicity.

Resolved, That we recognize in the

services of Dr. Joslin, as an active member of this society, as its presiding officer, as the superintending physician of the Five Points House of Industry, as a wise counselor in the emergencies of general practice, an earnest, enthusiastic, devoted physician ; one who added luster to the honored name he inherited ; a Christian gentleman, whose example we may emulate.

Resolved, That a copy of these resolutions be sent to the family of our late colleague as an expression of our deep sympathy, and that copies be furnished our medical journals for publication.

IS OXYGEN IN ITS ELEMENTARY STATE AN ALIMENT?

BY

H. P. GATCHELL, SR., M.D.

Asheville, N. C.

The Medical Record of September 13th has an article by Dr. Samuel S. Wallian, in which he discusses the therapeutical value of inhaled oxygen. In the article occur the following passages.

"It thus becomes, as already set forth with sufficient emphasis, an important source of supply to the blood, *an element of repair and nutrition*, already prepared for direct and immediate assimilation, requiring neither gastric solution nor intestinal modification in order to become an integral part of the vital organism."

"There is still even corroborative assurance, in both chemistry and physiology, that the element under consideration is less a *destructive* than a *constructive* agent, less a detergent than an aliment."

I am not disposed to depreciate the value of oxygen as a life-sustainer, especially as I was, so far as I am informed, the first to formulate that relation, and that at a time when Draper represented it as merely a destroyer of living bodies, and when Carpenter referred life to nutrition as its source, though men and animals can survive

the want of nutriment for weeks, while deprivation of oxygen is ordinarily fatal to man and the higher animals in the course of a few minutes.

But where is the evidence physiological or other of its being nutritive in its elementary state, the "assurance" that mineral oxygen is an aliment?

That man or the higher animals can incorporate into a tissue as a structural constituent any element in the gaseous state is not only questionable, it is highly improbable. And it is at least questionable whether in health's vigor, man needs any other organic matter as food.

Very little value attaches to the classification of food as organic and mineral, the latter including water and saline matters.

Water is not properly termed a food. Its presence is necessary to that mobility of both liquids and solids without which vital operations cannot be carried on. But it enters into no structural relation to any tissue; it incurs no metabolism by which it becomes a force-giver; it passes through the system entirely unchanged after serving a purely mechanical purpose. The popular distinction between food and drink is a just one; water is the only drink needed by one who is in a state of perfect health and vigor.

As to saline substances they are constituents of the organic matters that we consume just as truly as are oxygen, hydrogen, nitrogen, &c. All the so-called mineral alimentary substances enter into the composition of the albuminates; and it is as constituents of these, the supreme forms of nutriment, that they are especially adapted to supplying the wants of the animal system. We have all read how the criminal deprived of common salt was devoured by worms. The story occasionally reappears; and yet individual diet-mongers and even whole tribes of people abstain from chloride of sodium, except as it constitutes a part of the organic substances used as food.

It is to the vegetable commonwealth that we are exclusively indebted for all organic aliments, albuminates, carbo-hydrates and hydro-carbons. The animal is entirely incapable of building up such aliments out of mineral substances simple or complex. The function of the animal system is to break down, and to restore to the mineral commonwealth, what the plant has constructed. If the animal forms carbo-hydrates and hydro-carbons, it is in course of a retrogressive and destructive movement. He is capable of splitting up albuminates into urea and hydro-carbon, and probably of dividing gelatine, a less complex substance than albumen, from which it is formed, into urea and a carbo-hydrate, these products of retrogressive metabolism finally becoming converted into carbonic acid and other forms allied to common minerals.

Even plants, at least the higher, not to mention the fungi among the lower, have but a limited capacity for appropriating mineral matter in its elementary state. There is a lack of evidence that they can form albuminates, carbo-hydrates or hydro-carbons directly from the elements that enter into their composition. The carbo-hydrates are evidently formed from carbonic acid and water, from the latter entire, with the carbon of the former, its oxygen being given off as an exertion from this elaborative process, erroneously termed respiratory. The nitrogen also of the albuminates is derived chiefly from ammonia and other nitrogenous compounds.

A singular case of quadruplets is mentioned by the *Canada Lancet*. On Sept. 14, 1883, Mrs. S. æt. 38, weight 100 pounds, height five feet, was delivered of four living children, averaging four pounds five ounces. There was but one placenta, and each cord was inserted at different places on its surface. A hundred pound women with twenty-one pound of fœtus is fortunately a rarity.

THE
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Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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EDITORIAL.

Noblesse oblige, our privilege compels us ; we professional men must serve the world, not, like the handicraftsman, for a price accurately representing the work done, but as those who deal with infinite values, and confer benefits as freely and nobly as nature.—
EDWARD EVERETT HALE.

Elsewhere will be found the report of the proceedings of the meeting of the American Institute of Homœopathy. It is not as full as we had expected to be able to furnish, but it reflects quite fairly, though briefly, the more characteristic incidents of the Convention.

* * *

The Institute made a good showing at St. Louis. The average of its *personnel* is the equal of any scientific assemblage in this country, and

this was recognized and freely commented upon by the local press. The bureaux, however, have not succeeded in solving the problem of the best manner of presenting their reports. Dr. Phil. Porter arranged his material cleverly and made an effective showing for his department ; but most of the bureaux were run in a slipshod style, hardly creditable to the chairman. First one paper would be read *in extenso*, then two or three more briefly, and then several more by title. Undoubtedly it is a great labor to compile from the seven or ten papers of the bureau a digest which shall give due prominence to all the propositions and suggestions advanced in each, bringing them within the compass of a half-hour's reading ; but in this way only can interest be maintained, due courtesy shown to every author, and the time of the convention economized. If such a digest could be prepared by the chairman of each bureau, previous to the meeting, and a number (say 50) slips printed thereof for distribution to such persons present as might be considered best fitted by experience to discuss the topic, on the beginning of the session at which the bureau is to report, doubtless a brilliant and valuable discussion of every bureau-subject would ensue, and the interest in the session be maintained to the end. As it is, the unsystematical and uninteresting way in which the reports come before the Institute wearies the members, until at the last day the attendance dwindles to a mere handful.

* * *

The advantages of the hypodermic form of medication was truly illus-

trated in the case of that charming New Yorker, Mrs. Horace White, at Elberon, a few days since. Attention is called to it here for the encouragement of that growing class of Homœopathists who carry the iniquitous little squirt-gun about with them and use it as nonchalantly as they would a thermometer or a placebo.

The patient in this case was suffering from tri-facial neuralgia. A local physician was called, and administered a hypodermic injection of morphine. This was all very regular and very proper, and our genial brother, "the proposed editor," will say it is very irregular and very improper for us to mention it ; but we can't help it.

The patient went to sleep, and in that sleep drifted over the narrow borderland that separates the here from the hereafter, as many another has done before her—one of those unlucky accidents which happen to people when they play with fire. The doctor was not to blame, he had only followed routine and did as he had been taught. Who can censure him for not using common sense? Perhaps he had none to spare ; some doctors have not. What had he to do with the idiosyncrasies of a patient who couldn't stand to be poisoned? When such physicians learn to cure diseases instead of trying to befog their patients' brains, we may hope that those Homœopathists who endeavor to ape old-school erudition may be enabled to come back to a realizing sense of the comfort and safety to be found in a strict adherence to the tenets of the master. So mote it be.

* * *

It is an interesting psychological problem to study the influence of the

love of approbation on mental acumen. An instance, as melancholy as interesting, has just come to light through the medium of the New England *Medical Gazette*. A physician in good standing, a member of the American Institute and of other homœopathic societies, read before his local society (Worcester County, Mass.), an article entitled Nervous Exhaustion Dependent upon Concussion of the Spine. It was deemed worthy of publication by the society, and was sent to the *Gazette*, appearing in the February issue. It was shortly discovered that the entire article, "with the exception of the concluding paragraphs, and a few insignificant alterations of phrase or word here and there," was a *verbatim* transcript from Erichsen's On Concussion of the Spine.

The pretended author being called upon for an explanation, naïvely replies that, "had Erichsen not written on the subject, I should have done so ; for, before procuring his article, I had already written up the subject, but he so much better expressed the ideas in my mind, that I put some of the paper in his language." And he ends up with hoping "*that this explanation will be satisfactory.*"

Doubtless this gentleman is ordinarily acute of perception, but one would think that the veriest fool would not have so blundered. It seems amazing that any man for the brief fame awarded to the writer of a creditable magazine article should run the risk of detection, and the consequent contempt of his professional associates. That he has the desire to win the approbation of his

confrères is shown by his appearing before them with a carefully prepared paper, but, as no editor will ever dare to accept an article from him again, he has very effectually relegated himself to obscurity.

* * *

With a great show of righteous indignation the County Society (old-school) began a suit against the Eclectic Medical College of this City. The air was resonant with the iniquities which were to be proved against it. Its charter was to be taken away from it, and its wretched and dubious life was to terminate. This was two years ago. A month ago the suit was withdrawn, thus conclusively showing that the statements which have been made by the old-school authorities, that they had proof of malfeasance in the issuance of diplomas, was false; unless the fifteen hundred dollars contributed by the Eclectic College to the fund raised to kill the bill incorporating the New York College of Medicine was considered an offset to the aforementioned iniquities. If so, is the New York County Society authorized to liquidate alleged malfeasance on the part of medical colleges for cash? The College people claimed, when the suit was brought, that this was done simply to help the old-school in getting through the Legislature the Medical Examination bill. The back-down by the County Society immediately upon the adjournment of the Legislature seems confirmatory of this view, and this is consonant with the whole history of old-school malevolence. Certain it is, the suit would never have been abandoned, if it had been possible to discredit the college

in any way. Doubtless the Eclectic College has granted diplomas to men of dubious character and indubitable ignorance; but where is the college that has not? The Meyers are of every college and of every clime, and will be so long as the poverty of colleges makes fees influence votes. The reports of the Illinois Board of Health and of the Medical Board of the Navy show the low standard of graduation maintained by old-school colleges which are recognized as duly reputable. It behooves none of us to throw stones. We all live in glass houses—more or less.

* * *

Gov. Hill has refused to sign the bill incorporating the New York College of Medicine and Surgery, as he considers it unconstitutional. The bill was improperly drawn and he was right in refusing to sanction it. Prof. Gunn has our sympathies in the conflict he is waging with the old school. He has been the victim of outrageous and malevolent persecution for his manly independence, and of unfortunate blunders on the part of those associated with him; but he has the courage of his convictions and we predict for him a final triumph. In indorsing a notorious nostrum, a year or so ago, he made a mistake, which all his friends deplore, but no one who knows him questions his integrity, ability, and humanity. The multiplication of medical colleges is not desirable, certainly not without a sufficient endowment to enable them to give their students advantages superior to those offered by neighboring institutions; but if Dr. Gunn's friends are able and willing to adequately equip the proposed college, as they seem to be, it is only just that they should be permitted to do so.

THE TALK OF THE DAY.

A PERTINENT question of the day is that of the repetition of the dose. How often should the remedy be repeated to secure the best results? A comparison of the views held among homœopathists shows a wide divergence of opinion, ranging from those who give the single dose of the remedy and wait the exhaustion of its action—or as one physician expressed himself to me, “It is doubtful if the best results would not be obtained, even in diphtheria or other malignant diseases, from one dose, waiting at least twenty-four hours before repeating”—to those who repeat the remedy every ten or fifteen minutes. In this, as in most doubtful questions, the middle course is undoubtedly the safest.

WHILE one may doubt if a single dose in the course of twenty-four hours would exercise much influence on the course of a malignant disease, the too frequent repetition of the medicine on the other hand is equally productive of evil. The constant disturbance of a patient to administer the medicine, or food, in severe cases, is wearing and annoying beyond the benefit produced. I have yet to see the case where a patient received any benefit from shortening the interval between the doses.

I WAS called a short time since to a case of recent scrotal hernia of immense proportions, in which, after expending considerable time and labor in the endeavor to effect a reduction, I was obliged to seek assistance. Before leaving I was on the point of administering a dose of nux vomica, but decided to wait. Returning in about an hour, I found the hernia had entirely gone of itself. If I had given the medicine I should have undoubtedly attributed the result to the drug rather than to nature. The question arises in connection with this case as to how many of the wonderful cures reported from

the single dose are *post hoc* and therefore *propter hoc*.

THE explanation given of the *rationale* of the so-called mind cure as given by one of its disciples possesses the merit of being amusing if nothing more:—“A patient comes to me with a boil: the boil has no existence, only in the mind of the patient. I remove the idea from the mind, and the boil is gone.” Rather a strong imagination, and one with a *malice prepense* that would thus develop a boil from the inner consciousness. The faith that can convert all diseases into a mere trick of the imagination must be colossal.

A MATTER that requires reformation and which a general agreement among medical authors could readily bring about, is that of the nomenclature of disease, some unimportant disorders boasting a long list of titles, while a single name covers three or four widely differing conditions. As it stands now, it is often a matter of doubt when reading of a case to know just what condition is meant. As an instance, take the term croup, which is an exceedingly indefinite term, meaning in one case a comparatively harmless disorder, and in another an exceedingly grave disease.

ARE men the slaves of matter? is an old question that the latest investigation of the brain and the mental phenomena revives. The conclusion arrived at by Dr. Heitzman, in a paper recently read in New York upon “Our present knowledge of the structure and functions of the gray substance of the brain,” is that of the material basis of the action of the body. Nobody is responsible as an independent individual for either right or wrong, but every body is the slave of matter. Man is an automaton, subject to the influence around him, in other words the creature of his environment.

B. F. UNDERWOOD.

CORRESPONDENCE.

A NEW EPIDEMIC,

DR. GEO. W. WINTERBURN, EDITOR AMERICAN HOMŒOPATHIST:—In one of our daily papers, I find mentioned that in *Seward Valley, N. Y.*, a terrible disease prevails, of which so far no one has recovered and which is *very contagious*. "The throat first swells, the tongue is then paralyzed, the patient cannot eat and subsequently he becomes double sighted."

As it is possible that this disease may spread and become epidemic in other localities, it becomes our duty to be prepared, and if possible to find the remedy. First, we would like to be informed, if at that place are one or more homœopathic physicians; if so, if they have treated such cases, with what results; if they have observed some other symptoms, and what remedy or remedies they have used. With the symptoms mentioned above (the only ones given) before us, I believe the remedy will suggest itself to every homœopathic physician most strikingly. Under *Gelsemium*, we read in Hering's *Materia Medica*: "Throat feels as if filled up; tonsils inflamed, swollen. Dysphagia, paralysis of the organs of deglutition. Under *larynx*, 'paralysis of the glottis'; *tongue*, tongue and glottis partially paralyzed, can hardly put tongue out; *eyes*, sees double."

So that if there are no other symptoms, *gelsemium* seems to be very clearly indicated. Not knowing if the lower or higher potencies would be more effectual under these circumstances (I am inclined to think the higher) I would commence with one or two doses of the 200th half an hour apart. If improvement sets in, stick to the same potency, at long intervals, if not, give the 1x or 3x every hour, and still morning and evening one dose of *gelsemium* 2c., watching the case very closely; until other symptoms make their appearance, which clearly indicate another remedy. The alternation of these potencies cannot interfere with each other; for, if one is the curative

agent, the other will be harmless. True, if a cure be effected in that way, we are yet in doubt to which potency it is due. But in such fatal diseases, we can not and should not sacrifice a patient (at least run the risk) for the sake of science, but try different potencies, *until clinical experience has established a definite rule*. Of course if we were better informed about the symptoms, we may perhaps find another remedy still more clearly indicated. It is just to gain that information, and to be prepared in case the disease should make its appearance elsewhere (it is *very contagious*—as we read) that the above is written.

I hope it will induce some one who is better informed or had experience with that terrible disease, to favor the profession at large with the benefit of his information.

J. L. CARDOZO, M. D.

Washington, D. C., June 8, 1885.

ABSTRACTS.

DIET IN TUBERCULOSIS.—Dr. Bidder, of Berlin, advocates, in cases of tuberculosis, a diet as free from potassium salts as possible, but rich in common salt, as being a sodium salt. He argues that the latter renders the tissues unfavorable to the development of the bacilli of tubercle, and that in young patients with tuberculous processes going on in the bones, joints, glands, lungs, etc., half a gram to one gram of common salt should be given three or four times daily with the food according to age. If dislike to this be shown, benzoate of sodium may be substituted, in doses of 3 to 7.7 grains. Bidder thinks, moreover, that the well-known injurious influence of iodide of potassium upon tuberculosis and on scrofulous processes is probably due, not to the iodine, but to the potassium, which is replaced by sodium in the stomach.

ONE OF THE NEW REMEDIES.—According to *The Journal of Chemistry*, menthol, the substance recently introduced in the treatment of headache and neuralgia, is likely to prove

a valuable addition to the remedies for those ailments. It is a white, semi-crystalline body with a strong, burning odor of peppermint, and is usually made into small cones mounted on a wooden handle. If it is rubbed over the locality of a headache or other pain, a burning sensation is first felt, followed by a feeling of refreshing coolness and temporary relief of the pain. The liquid oil of Japanese peppermint has long been used in Japan and China for this purpose, menthol being simply the solid constituent of this oil. Chemically considered it is a camphor, differing only from ordinary camphor by the addition of four atoms of hydrogen. Its medicinal effects are probably due to the counter-irritation it sets up. The strong, agreeable odor of peppermint may also have some effect on the nerves.

REMARKABLE EXPERIMENTS WITH ARSENIC.—Some important experiments made by Drs. Vaughan and Dawson, with the view of ascertaining if arsenious acid, when injected into the mouth or rectum, after death, would diffuse through the body. Not only is it found that such is the case, but the diffusion is very extensive, and these facts are regarded as having a very important bearing on the subject of arsenical poisoning. Thus, says *The Lancet*, it can no longer be contended that, because arsenic is found in quantity in the fluids and tissues of the body, therefore death was due to its administration. And, again, a certain amount of immunity is given to the would-be murderer, inasmuch as there is the possibility of covering a homicidal act by using arsenic with the ostensible purpose of preserving or embalming the body. In this case, however, there would be no chance of success if the post-mortem examination were conducted within a short time of death, when there would be the usual signs of inflammatory action in the alimentary canal; and again, in the face of other circumstantial evidence, the fact of

the accused having resorted to such a particular mode of preserving the body would rather tend to confirm suspicion than to remove it.

According to the *Gazeta Medica Catalana*, Dr. Jamie Ferran of Cuba, whose experiments in choleration have made his name famous, is a very young man, having been born in Corbera (Tarragona), Spain, in 1852. He studied medicine in Tortosa and took his degree in Barcelona. He has been for some years an enthusiastic micro-biologist, and received from the Madrid Academy an award for a work in which he recorded his investigations. The gist of his discovery lies in the fact that he followed the cholera microbe of Koch through its various stages of development and transformation until he detected a spore (the peronospora ferrani), which, in his belief, contains the real virus of cholera. It was with specimens of this organism that he made his inoculative substance.

LITERATURE.

Those who need an atlas—and who does not in these days, when to keep pace with the events of the day, we must be familiar with the topography of such widely diverse countries as Tonquin, Afghanistan, Saskatchewan, and the Soudan—will find in Watson's new Illustrated Atlas, just issued, a handsome and remarkably complete work, while one of not the least of its merits is the reasonable price at which it is offered.* Compiled from the latest official returns, it shows the entire railroad system in detail, post routes, historical and geographical descriptions of each state and territory, and of every country in the world, with new and correct maps, showing all railroad stations, post offices, etc., and diagrams of the comparative wealth, population, in-

* *Watson's New and Complete Illustrated Atlas of the World*. Indexed. 1885. (Gaylord Watson, No. 278 Pearl Street, New York.) Price, \$5.00.

dustrial condition, etc., with a vast amount of miscellaneous information of practical every-day value, such as the ratio of diseases in the United States, digestibility of food, ratio of nitrogen digested, rates of postage, new time standard, physical geography, etc.; historical chronology from 1761 to 1885, profusely illustrated; political information concerning the departments and functions of the general, salaries, terms of office, and occupants of the governorships of the various states, naturalization laws, etc.; also the completely indexed gazetteer of the states and territories, giving the name, location, population of every county, town, and village, post office, express station, etc. In brief, it will be found a volume almost indispensable to those who read, write or think. The only additions we could suggest to make it absolutely necessary to every physician, would be maps, showing the elevation of land, rainfalls, and prevalence of disease in the United States, so that their relations could be studied. The maps and diagrams, of which there are about one hundred, are clear, distinct, and beautifully colored, the illustrations well selected, the typography and press work good, and the finely designed binding in excellent taste.

ITEMS.

The North American Review begins its one hundred and forty-first volume with the issue for July. This standard publication deserves a place on every library table.

A Chicago dude blushed and ran into a stairway when he saw a party of ladies coming down the street. He had forgotten his cane and could not meet them in such a nude state.

The Century for June contains a thoughtful paper on the Negro problem, an interesting one on the Herschels, and much else, both instructive and entertaining. The War Series are by Imboden, Hill, Porter and Bissell.

The Memphis *Medical Monthly* says of the Cincinnati Board of Health: "Whereas, this organization formerly consisted of five saloon keepers and one quack doctor, it can now boast of the retirement of the latter and the election in his stead of a street paver."

An English doctor tells of treating a child eight years old who was suffering from an attack of delirium tremens. The doctor ought to have been ashamed of himself. If the child persisted in drink, all right, but it was very wrong to treat it — *Boston Post*.

There is no means of personal sanitation more agreeable and efficient, especially in the hot season, than the Turkish bath. Those of our readers who remain in the city during the summer will find these baths in perfection at the Vendome, on Forty-first street, near Broadway.

Dr. Deetrick, of Youngstown, Ohio, successfully resected, on June 5, the necrosed lower jaw of a girl, aged six, suffering from inherited syphilis. It is claimed that this operation was first performed on February 6, 1810, by Dr. W. H. Deetrick, at Royersville, Tennessee.

When a lady living in Chelsea sent to London for a doctor, she apologized for asking him to come such a distance. "Don't speak of it," answered the M. D. "I happen to have another patient in the neighborhood, and can thus kill two birds with one stone." — [*Columbia Spectator*].

E. P. Roe is contributing to *St. Nicholas* the story of a city family who move into the country in search of health, moral and physical. In thus stimulating a love for country life among young people he is helping to solve the problem how to make the most out of the coming generation.

Dr. Alice McGillivray in her recent inaugural lecture at the Women's Medical College, Kingston, Ont., stated that sex distinctions are gradually disappearing from Canadian educational institutions, the McGill College, of Montreal moving slowly in that direction, and the Toronto University having yielded the whole point.

Pennsylvania is organizing a state board of health; a law to that effect having been passed recently. The board will consist of five physicians and one engineer. Among the physicians appointed on the board are Drs. Jas. H. McClelland, of Pittsburgh, and Pemberton Dudley, of Philadelphia. Homœopathy is to be congratulated on the wise selection of these gentlemen.

An important work is announced as in preparation by Wm. Wood & Co. This is an alphabetized hand-book, in eight royal octavo volumes, of the medical sciences. It is intended to cover very thoroughly the whole ground, and the various articles will be prepared by specialists in each department. It is believed no such number of prominent writers have ever before been associated together in the preparation of a work designed for the profession.

THE AMERICAN HOMŒOPATHIST.

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PURPURA HÆMORRHAGICA.

BY

PROF. MORTON M. EATON, M.D.

Cincinnati.

I have seen eight cases of purpura hæmorrhagica in my own practice and in consultation. The disease has much the same pathological condition as scorbutus. We exclude in this connection the disease known as purpura simplex, where there is simply exudation of blood under the skin. In purpura hæmorrhagica there is hæmorrhage from various outlets of the body, together with the exudation of blood under the skin; and accompanied with this condition, there is great debility and relaxation of the muscular tone of the entire system. There is usually little or no tenderness of the gums or bleeding from them, as in scurvy, but sometimes these symptoms are also present.

The causes of purpura hæmorrhagica are to be found in lack of sufficient vegetable diet, in confinement in impure air, depression of nerve force from loss of sleep, worry of mind, depression of spirits, etc. The exhaustion induced by protracted labor, together with the other causes mentioned, is liable to produce the disease. Women are more frequently affected by it than men.

The prognosis may usually be favorable if the case is not of long standing and the circumstances of the patient can be changed so as to remove the exciting causes, and dietetic and sanitary regulations of a suitable nature can be secured, together with a rational treatment medicinally.

Hæmorrhage from several outlets of the body, occurring at the same time together with exudation of a small amount of blood under the

skin at various places on the body and limbs, together with prostration of strength, and weakness of the intellectual faculties, are the characteristic symptoms of this disease. Of course many other symptoms are liable to be present, but are not constant and are not diagnostic. These are diarrhœa, vomiting, profuse perspiration, weak pulse, dropsical conditions, white, trembling tongue, chilliness, insomnia, etc.

Hæmorrhage in these cases may take place from the nose, throat, stomach, lungs, bowels, vagina, bladder, or even from the eyes and ears.

The pathological conditions are not definitely settled. There is a lack of tonicity in the veins and an unnatural amount of serum in the blood and a lack of a normal amount of red corpuscles. There seems to be a fault in the assimilative powers of the system, torpidity of the absorbent glands, and probably lack of action in the excretory organs, and an imperfect oxygenization of the blood.

Treatment. Remedies must be selected, of course, according to the prominent symptoms in each case, but I suggest a few ordinarily indicated.

APIS.—Hæmorrhages from bowels, stomach, or nose, with scanty urine, swelling of feet and limbs, œdema of eyelids.

ARSENICUM.—Thirst for frequent small sips of cold water, nausea, chilliness alternating with hot flushes, weakness, watery diarrhœa, restless, nervous condition with hæmorrhages from bowels.

ACID. PHOS.—General nervous debility, constipation, hæmorrhage from lungs especially,

ERIGERON.—Hæmorrhages, especially from the rectum, bladder, or uterus, ecchymoses under the skin. (One of the best remedies.)

KALI CHLOR.—Anæmic condition, pale skin, lack of oxygenization of the blood, hæmorrhages, debility, ulcers fail to heal, bleeding from gums or stomach.

NUX VOMICA.—Nervous prostration, loss of appetite, constipation, subsultus tendinum, nightmare, etc., with hæmorrhages.

SECALE.—Effusion of blood under the skin

with dropsical condition, hæmorrhages from uterus or lungs, enlarged veins.

Patients afflicted with purpura hæmorrhagica should have pure air to breathe at once, at whatever expense of money or trouble it may be necessary. Without this no favorable results can be expected to follow, whatever the remedies used. Next in importance to pure fresh air, we place good pure water and wholesome food. Acidulated drinks may be allowed when the patient's feelings demand them. Bathing with sea-salt water is useful when we can not obtain baths in the ocean water, which is always to be secured if possible. Little or no exercise can be taken by patients affected with this disease till convalescence is established. No excitement of mind should be allowed, and every precaution should be taken to avoid sudden changes of temperature.

COMMENTS BY G. W. W.

Purpura hæmorrhagica differs from scurvy in this, that in the latter disorder the joints are stiffened, the limbs swollen and painful, the complexion previous to the attack pale and sallow, and the gums swollen, spongy and sore, while in purpura very often (as in the case reported by Dr. Angell in this issue of the AMERICAN HOMŒOPATHIST) there is an absence of any obvious signs of ill-health. Scurvy is always caused by a lack of fresh vegetables in the daily allowance of food, and is not likely to occur singly; neither of these propositions are true of purpura. A fresh vegetable diet at once begins an improvement in the scorbutic patient and prevents the appearance of new hæmorrhagic spots, but diet has no such kindly influence over purpura.

Impure air, damp or miasmatic lodgings, improperly prepared or scanty food, fatiguing or laborious occupations, or intemperance can not reasonably be assigned as causes, though purpura is often consecutive to these; yet many live among the

most deleterious surroundings, never know what it is to have a decent meal, never recover from the fatigue of one day before compelled to begin the labors of the next, or imbibe to degradation and by continuous habit, without inducing a vestige of this disorder. Jaundice, acute rheumatism, the exanthemata, and menstrual derangements, may each be followed by purpura, and are so followed in proportion of frequency to the order here named; but then, it also occurs in persons apparently in good health, and in those who have not been exposed to any debilitating influence.

The pathogeneses of our anti-hæmorrhagic remedies, and the clinical verifications which have been reported, would indicate the order of value in this disorder to probably be crotalus, phosphorus, secale, hamamelis, lachesis, cinchona, arsenic, terebinthina, erigeron, arnica, sulphuric acid, rhus, bryonia, apis; but besides these are numerous others, such as, ledum, ferrum phos., chloral, iodum, berberis, kali iod. and chlor., nux vomica, ruta, silicea, magn. sulph., and mur., belladonna, cocconella, hyoscyamus, stramonium, sulphur, and probably others. In brief, here as elsewhere, the more critical the condition the more carefully must we seek out the true *similium*, and be wary of that will-o'-the-wisp—pathology. If we give crotalus because its pathogenesis is so rich in conditions resembling purpura hæmorrhagica, and ignore the evident call of nature for, let us say, magnesium mur., the old man with the scythe will probably win the game.

PURPURA HÆMORRHAGICA.

BY

J. W. ANGELL, M. D.,
Iowa Falls, Iowa.

This disease is so seldom met with, that but very few of our oldest practitioners of medicine have ever seen, or treated, more than one or two cases of it during the whole course of their professional lives. At least, such has

been my own experience of more than forty years of practice, and others of the profession, of equal length of time, inform me that so it is with them. The following case is the third one only that I have ever seen, it ending fatally, while the first two recovered; and because of its rarity and therefore a knowledge of the best method for its successful treatment so hard to be gained from our medical works, or periodicals of the day, I am constrained to report this case, and to do so in the minute manner that I shall, that those who read it may be better advised than I was, how, or how not, to treat a similar case, should one fall into their hands, and, also, learn how little reliance can be placed upon the efficacy of those remedies that our authors cite as being successful in the cure of this uncommon disease. But the probabilities are, that the failure to cure this case was more my own fault, in not being able to select the right remedy, or remedies, than it is in their want of efficacy. And that is another reason I have for reporting the case so minutely, that others may point out my mistakes, and teach a correct method of treatment to all who may hereafter have such a case to deal with.

December 7, 1884. Was called to visit Miss Addie H., aged 17, a daughter of one of my patrons, living here in the city, and was, therefore, well acquainted with the young lady. She was a well developed young woman, possessed of a lively, pleasant disposition, quick perception, black hair, dark eyes, with a clear, but always of a rather pallid complexion. Menstruation, since its first appearance, in her fourteenth year, had never been quite regular, frequently too soon, too profuse, and sometimes quite painful, and then again delayed beyond the fourth and fifth weeks; was quite subject to severe attacks of headache, confining her to the bed for hours at a time. Quite often troubled with epistaxis, as also was her mother when at her age. Bowels

regular, and kidneys performing their functions properly. Digestive organs all healthy, and to all appearances Miss Addie enjoyed as good health as do the majority of girls of her age, and of American parentage, as was hers. Her residence is located on a lot adjoining a deep ravine, which is filled with brush and brambles, always moist, as it serves to carry off the surface water and receives the underground drainage of a number of the surrounding lots in that vicinity, while the yard around the house contains many fruit, as well as native trees. The family has had considerable sickness since residing there, which has been for several years, and Miss Addie had diphtheria three years since, and, during an epidemic of scarlatina, two years ago, her younger brother and sister were attacked with it, and her brother died of it. During the two months preceding the attack of her last sickness she had been more than usually troubled with headache, but still attended school and kept up with her class in her studies.

Some time in November last, she was severely troubled by an eruption upon various parts of the skin, of an irritating character, resembling eczema simplex, but only upon one thigh, just above the knee, did it give her very much trouble. There, it seemed to assume the character of small "blood boils," which gave her considerable pain. To these little boils, she applied a wash that is quite popular here, for the cure of all kinds of skin diseases, the principal ingredient of which is corrosive sublimate, and its first application caused her to suffer intolerable pain, not only from the "boils," which became very much swollen, but all through the limb, up the whole length of the spine, and through the head, and exciting a feverish condition throughout the whole system. These symptoms continued for a day or two, and then subsided, leaving those sore spots on the limb apparently better, as they were dried up, and not very painful,

but in a day or two after she was surprised to notice the appearance, on nearly all parts of her skin, of an eruption of little red spots, looking like flea bites, from some of which, especially upon the back of her hands and fingers, would ooze a drop or two of blood; and with these red spots were many larger ones, dark and discolored, just like blood blisters, some of them as large as a dime. None of these spots upon the surface gave her any pain, nor felt sore upon pressure. These would disappear in a few hours, and then again reappear, as numerous as ever.

A day or two from the first appearance of this eruption upon the surface, it appeared also in the buccal cavity, on her tongue, cheeks, lips and gums. Then she began to have frequent attacks of bleeding from the nose; several of them quite profuse, the blood flowing mostly from the right nostril. This state had continued for several days before I was called, for, as she otherwise was feeling quite well, having a good appetite, bowels regular, sleeping well at night, with only a little dizziness of the head, once in the while, her mother thought it not necessary, and therefore made use of such remedies to restrain the nasal hæmorrhage as are so often effectual; and thinking Addie was only going through a similar trouble to what her own had been at her age, did not think it necessary to resort to medical assistance. But, these frequent and profuse hæmorrhages from the nose persisting, and then the appearance of those blood blisters in her mouth, together with frequent darting pains of the head, told her that Addie was suffering from no ordinary complaint, and was in need of other treatment and remedies than she was able to give her, and, therefore, called me to her assistance.

I found her on the morning of December 7th, sitting in her easy chair, busied with needle work, and in good spirits, cheerful and pleasant, as was her usual mood, but with an

unwonted pallor to her countenance, which shocked me by its intensity.

I then learned the history of the case, as I have just related it, with the further one that she had noticed for several weeks previous. Whenever she happened to merely prick herself with a pin, the blood would flow from it freely, and would do so for a long time before she could stop it. There was no difficulty in diagnosing the disease affecting her, but in answer to the question her mother put to me of, "What ails her, doctor?" I replied, "blood poison." I did not hesitate to give her a favorable prognosis, though I was fully impressed with the idea that this my third case of purpura hemorrhagica, was of far more doubtfulness as to its favorable termination than had been the two previous ones occurring with me in the early years of my practice, and while following that of my allopathic education. Those cases occurring in the malarial climate of Michigan, yielded to the influence of quinine and nitric acid, and why should not this? I, therefore, prescribed those remedies, together with powdered hamamelis, to be snuffed up the nostril, when bleeding. I found her pulse, beating 65, soft and sluggish, some pain in the head, tongue coated with a dirty brown fur through the middle, but moist, with a large blood blister upon the inner side of one cheek, and on numerous parts of her arms and limbs those dark spots, and numerous little red pimples. Also, blood oozing from the gums of the lower front teeth. I also gave a wash of hamamelis for the mouth, with sulph. quinine, one grain every two hours in alternation with nitric acid, 3x, 10 drops in half tumbler water. At my next visit I found no material change in the symptoms, except that the hamamelis had checked two attacks of nose bleed through the night, and that the blood blister on the cheek had disappeared. Pulse a little stronger and fuller. Ordered the same remedies continued with free use of lemonade as a drink, and as her

appetite was good, permitted her to partake freely of broiled beefsteak. Bowels as usual had moved freely during the morning. At my third visit learned she had had a profuse flow of blood from the nostril during the night, which hamamelis did not check, and, also, the oozing from the gums was steady, and from several of these little red spots upon her forehead was oozing a little blood; pulse 80, and weaker, more darting pains through her chest, and a steady ache all along the spine; but still she was up and dressed, and enjoyed her food as usual; evidently the disease was not yielding to the remedies. Omitted the quinine and nitric acid, and gave terebinthina, 6x, with phosphorus 12x, every hour in alternation, through the day, and with tannic acid as a styptic to the nostril. My next visit found an improvement in most of the symptoms as there had been no bleeding, and there was a better appearance of the tongue and mouth with a stronger pulse, and no new spots of ecchymosis upon the skin; had slept well; continued the same treatment.

My fourth visit, on the 11th, found her with the symptoms of the previous day unchanged, and thereupon ordered a continuance of the same remedies of terebinthina and phosphorus, and tannic acid, when needed. On the 12th was informed that there had been two attacks through the night of "nose bleed," which the application of tannic acid did not control, as it had previously done, and there was another "blood blister" covering nearly one half of the right side of the tongue; and from the gums a steady oozing, with a cadaverous odor of breath; pulse 85 and fluctuating. She also complained of more pain in her back and head, with a great sense of weakness in the morning when she first awoke, almost to faintness, but that left her as soon as she drank a cup of tea, and took nourishment, which she still relished as heartily as ever. Was up and dressed and was as cheerful and pleasant as usual;

bowels still regular in all their functions, and so, too, apparently, were the kidneys. Evidently this case was not disposed to yield to any of the remedies I had used thus far, neither to the allopathic nor homœopathic, and I began to feel uneasy as to its finale. I can find but one single case of the kind reported in any of the medical journals of the homœopathic school that I possess, and that is the AMERICAN HOMŒOPATHIST, No. 2, Vol. 7, 1881, reported by H. Detweller, M.D., which yielded apparently to terebinthina 6x, which in this case failed to produce any effect. The slight references to this disease and its indicated remedies, by Jahr, Raue, Hunt and Marcy, are all so unsatisfactory that I did not feel much confidence in selecting any remedy mentioned by them, and as those I had used failed to respond to my expectations, I resorted again to Jahr's Symptomatology to find a guide. *Crotalus horridus* having so many of the symptoms in its pathogenesis that were present in this case, I determined to give it a trial, and prescribed the 6c, 10 drops in half tumbler of water, a teaspoonful every hour, with a wash for the mouth of ferri sulph., 10 grains to a pint of water. At my next visit I was satisfied with the apparent effects of my last remedy, as there had been no return of epistaxis and the buccal cavity was free from spots of ecchymosis and oozing from the gums and also the petechial and ecchymotic eruption had disappeared from the skin; pulse 80, not much pain in head or back, but still that faintness in the morning till food was taken, and that dizziness upon raising from the pillow or raising from her chair. Had rested and slept comfortably all night with her usual relish for tea, toast, and beefsteak for breakfast, and the bad odor of her breath was not so perceptible. And though I had noticed equal improvement once or twice while using previous remedies, which was soon lost, yet I felt quite sure

that I had now found the right remedy, and so continued it.

She had now been under my treatment eight or nine days, and for the last two under the use of *crotalus*, which, seemingly, was controlling her disease. I therefore left her on the 17th of the month, still using the same remedy, but at much longer intervals, and fully persuaded that she would need no other. Calling upon her again on the 20th was disappointed to learn that she had been troubled almost every night since my last call, with more or less epistaxis, though not to any great extent, but sufficient to create uneasiness in my mind, as it told me that the hemorrhagic dyscrasia of her system was still persistent. No more of that petechial eruption had made its appearance, nor was there any perceptible change in any other of the symptoms; bowels still regular, rest and appetite good and her spirits as lively and cheerful as ever, but the dizziness persisted, with more or less pain along the spine and through the head. I ordered the medicine, *crotalus*, to be given every two hours, with a continuance of the mouth wash of *ferri sulph*.

The next day found the pulse 85, no bleeding from nose or gums, but a slight reappearance of the ecchymotic eruption. Ordered *ledum* 6x, 10 drops in one-half tumbler of water, to be given in alternation with *crotalus*. On the 22d found her symptoms again better, and made no change in the prescription of *crotalus* and *ledum*.

The next day, the 24th, I found her about in the same condition that she had been for two days previous, and seeming convalescent. Ordering a continuance of the same remedies, but at longer intervals, left her thinking I had finally conquered her disease. On the evening of the 25th her father came to me with the report that "Addie was too free with her monthlies, that had come on that day, a week before her time," and asking "what she had better take to check hem?" I sent her *viburnum opulus*

tincture, 20 drops to 4 ounces of water, a teaspoonful every half hour, and if, after the 5th dose there was no change, to give her in addition cinnamon tea to drink of freely. Calling upon her the next morning at 8 o'clock, I was shocked to see the change that had taken place in her appearance since my last call on the 24th. Lying in bed, with a face as void of color as was the pillow upon which it lay, apparently bloated, eyes sunken and dull, no longer lively, but stupid and drowsy, with pulse beating 130, weak and fluctuating, skin hot and dry, tongue with a dry, black coat, great pain through the head, throbbing in the temples and down the spine, and at intervals, severe uterine pains, with a steady flow of dark blood from it, and gushing at every movement of the body. The hemorrhage had been as copious from its first appearance at 3 o'clock, P.M., of the day before as is usually met with in cases of child-birth, and the remedies I had ordered, though used faithfully, had not checked its flow in the least.

Evidently the first indication was to check that hæmorrhage. For that purpose I gave her five drops of *erigeron* oil upon sugar and ordered it to be repeated every hour till a change or improvement should be seen, and then in drop doses until my return. At 12 M. I saw her again and found the flow had very greatly diminished during the last two hours, and therefore continued the drop doses of *erigeron* at every two hours. Calling at 5 P. M., was satisfied with the action of the remedy and continued it at longer intervals. Pulse 135, temperature high, pain in head, back, and hypogastric region, very severe, with great thirst. Ordered *aconite* 3x, four pellets each hour. She did not take the *erigeron*. Next morning at eight o'clock saw her again, with symptoms more encouraging, pulse down to 90, lower temperature, less hæmorrhage but tongue still dry and black; had rested well after twelve o'clock, less headache

with no pain in back or bowels; had taken nourishment and with some relish. Continued the same treatment. At my evening's call at five o'clock found a return of all the feverish conditions of the day before, but with a diminished flow from the uterus, except when she moved, then it gushed from her, but not so much. I reduced the quantity of the erigeron and in alternation with aconite gave bryonia, as she was calling for copious draughts of water and with some pain through the chest. The next morning her fever was lower again, and thus kept up for the next six days the morning remission, with exacerbations in the afternoon and evening. Pulse in the morning always about 90 and up to 130 in the evening. Not having a clinical thermometer I can not give the exact temperature, but was sure that it was above 102 at its highest and never in the morning below 100; tongue covered with a dark dry coat at all times with a red tip and edges, and after the fifth day with soreness of teeth and gums; much thirst, torpid bowels and scanty urine, with brick dust sediment. The menorrhagia steadily decreased from day to day, till on the ninth day the fever had subsided under the continued use of rhus 6x and baptisia 2x in alternation, when that entirely ceased and with no return of either nasal hæmorrhage or petechial eruption, I flattered myself that my patient was now convalescent again, and with a return of strength would in a short time be fully restored to health. With the subsidence of fever her appetite returned, bowels and kidneys became regular, and for several days she seemed to be regaining her strength as fast as one could, convalescing from such a high grade of fever as hers had been. Only one symptom continued to give me uneasiness and that was her extreme prostration to almost perfect syncope when first waking in the morning, but that would subside immediately upon swallowing a little tea with a mouthful of toast.

I watched her closely from day to day, but as no other symptoms except that and a too quick pulse, as high as 80 always, and sometimes higher, only indicated a want of strength, I did not feel doubtful of overcoming that want and ordered arsenic 12x, four pellets three times a day, together with as nourishing a diet of broths, buttered toasts, and rich sweet cream as her stomach would bear, and as that organ seemed perfectly sound, there was no difficulty in that respect. In a few days more she had so far regained her strength as to enable her to be dressed and moved from her bedroom. Calling upon her on the 12th of June I was disturbed to find again that oozing from the lower gums and on her tongue another of those large blood blisters, with other indications of that old hæmorrhagic dyscrasia, which I had supposed was entirely subdued and would no longer trouble her. Aside from this, her symptoms were all satisfactory *save that continued morning faintness* and the quick, soft and fluctuating pulse of 85. She was sitting up fully dressed and with her usual flow of cheerful and happy spirits, with a good appetite and quiet and restful sleep every night. I ordered crotalus to be given in alternation with arsenic. On the 14th I found that oozing from the gums and the blister on her tongue had left her, but the night before she had a slight return of nose bleed, the first in over two weeks; other symptoms about the same. Continued the same remedies.

On the 15th her symptoms were more encouraging, so, also on the 16th and 17th, when upon visiting her in the morning of the latter day found her at the breakfast table enjoying a hearty meal and so apparently out of all danger that, after ordering for her a tonic in the form of fl. ex. hydrastis, 4 drachms and 1 drachm of coca leaves to a pint of water, a tea-spoonful to be taken before each meal, I dismissed the case, as I thought, cured. Soon after I left she

complained of a severe headache and retired to her bed. That evening the menstrual flow came on again very freely and with great pain along the back and over the hypogastric. Before morning the flow was excessive, and her mother gave her five drops of erigeron oil and repeated it in two hours. I saw her again at eight o'clock on the morning of the 18th and found her in great distress, all through her system, with the menorrhagia worse than ever. As the erigeron had not checked it, I gave her fifteen drops of Park Davis fl. ext. of ergot, and repeated the dose in one half hour. This checked the discharge. Pulse up to 140 and feeble. Tongue again dry and heavily coated. In the evening I gave muriated tincture of iron, 10 gtt. in half a tumbler of water every thirty minutes, and continued it through the night. On the 19th there was less menorrhagic and less general distress, but great weakness and frequent fainting spells, and at times great nausea. Gave ipecac 5 gtt. in half a tumbler of water and viburnum in alternation. On the 20th an improvement was apparent till evening, when again another spell of nose bleed reduced her very much.

On the 21st found her extremely weak and discouraged, the menorrhagia still keeping up but not excessive, her pulse 140 with dry hot skin, tongue dark, dry and trembling, bowels torpid and tender upon pressure, great restlessness and thirst, but less nausea. Continued the ipecac and viburnum at longer intervals. That night another attack of epistaxis set in and was persistent for several hours. Found her on the morning of the 22d still suffering from the last attack, with the pulse still higher and fluttering, with all the symptoms of dissolution increasing rapidly. At this point her parents decided to call in an allopathist and place her in his care, and I was relieved from further attendance upon the case; and I must confess that I was not very deeply grieved at their

decision, though I thought there was still a *possibility* if not a probability of her ultimate recovery. But she had become discouraged and desired to change, and as I had lost her confidence, it was better for her that someone else should be called in. Under the inspiring influence of hope she rallied for a few days and all were encouraged at the improvement of her symptoms, but they were not lasting and death closed the scene on the 4th of February; no post-mortem examination was held.

COMMENTS BY G. W. W.

Reviewing the case as it was seen by Dr. Angell on the morning of December 7, there is one remedy which seems to stand out so plainly indicated as to be unmistakable. The temperament of the patient,—black hair, dark eyes, clear, pale complexion, vivacious disposition; the inherited tendency to hæmorrhage—resembling her mother in this; the frequent headaches and the present dizziness; the menses, as a rule, too early, too profuse, and of too long duration, with colic and pains; the eczema succeeded by blood-boils upon the skin and blood-blisters in the buccal cavity; the severe hæmorrhages from the nose; and the copious and prolonged bleeding from small wounds—taken together form a vivid picture of PHOSPHORUS.

Unfortunately, Dr. Angell, yielding to the influences of his allopathic education, gives not the remedy denoted by the law of similia, but a course of remedies based upon their successful use in other cases, amid other surroundings, and which experience proves to him must have had pathological factors other than the case in hand.

A half drachm or more of quinine seems to have been given with negative or perhaps even deleterious influence, as the case grew steadily worse; a less amount of the drug has been shown to cause purpuric spots, when given in febrile states (Vépau). Just how much the subsequent intrac-

tability of the case may have been due to the secondary effects of the drug can not now be determined.

Phosphorus 12 on the 10th inst. was a good prescription, only it was days too late; but what can we say of the turpentine? A careful study of the pathogenesis of terebinthina fails to reveal a single indication for it in this case. There are cases of purpura in which it does good. Prof. Comstock, of St. Louis, has reported such an one in the *North American Journal of Homœopathy*, 1861. The action of turpentine upon the blood is just the reverse of phosphorus, crotalus, and lachesis. In physiological doses it increases the coagulability of the blood, while all the indications in this case point to a morbid fluidity of the blood; turpentine was, therefore, homœopathically contra-indicated. In large doses it might have done some good; but the sixth decimal!—was merely playing with fire. In a case of purpura with disordered digestion, tympanites, hæmaturia, dryness and burning of the mucous membranes, headache with flushed face and violent thirst, emaciation with dropsy, terebinthina, in one of the higher potencies, would doubtless prove curative.

The improvement which seems to have set in as the result of phosphorus 12, did not continue long, and we can only conjecture why. Certainly if the turpentine and the tannic acid had any influence, it was merely as antidotal to the therapeutic power of phosphorus.

Crotalus is a valuable remedy in purpura. Dr. J. W. Hayward has given two cases cured by it; and the pathogenesis of the drug seems to ally it more closely to this disorder than any other drug in the materia medica. The mental condition of this patient was, however, very unlike crotalus. The crotalus patient is anxious, agitated, stupid and struggles with mental delusions and hallucinations; but we have here a girl who is bright and happy—"as cheerful as ever"—although having daily

the most depleting hæmorrhages. Phosphorus has depression and irritability, but it also has joyfulness, serenity, ready flow of (pleasing) ideas, thoughtlessness, vivacity, and impetuosity. In lung disorders how often do we see mental and spiritual elevation associated with morbid processes for which phosphorus is the efficient remedy.

Next to phosphorus, crotalus did seem well indicated, but we opine a grave mistake was made in changing from the former; perhaps a change of potency was required to develop more fully the power of the remedy that had done good. But if crotalus *was* a proper choice, wherefore ledum? We are afraid our doctor was just about an inch or two off his base. For now followed in quick succession viburnum, cinnamon, erigeron, aconite, bryonia, also at short intervals thereafter, rhus, baptisia, arsenic, hydrastis, coco, then a return to erigeron, ergot, tincture of iron, ipecac, and then—a new doctor. The angel Gabriel couldn't have saved the case now, not to say any thing about an Iowa Falls Angell. We can sympathize with and appreciate the doctor in his floundering about, for we have done considerable floundering about ourselves, with perhaps less excuse for our blundering; but there is one hard-headed fact which experience has taught us, that in desperate cases unless we have the intuition to seize upon the pivotal symptom and apply the right remedy *first*, God help the patient, for the doctor won't!

PHOSPHORUS CAUSING PETECHIÆ AND PURPURIC SPOTS.

Collected from Various Sources

BY G. W. W.

1. Red patches upon the arms. Insensibility of the skin of the extremities. Ecchymoses on the costal pleura. Ecchymoses on the peritoneum, with bloody serum in its cavity. The spleen enlarged, softened, and with ecchymoses under its serous coat. Ecchymoses on the mucous

membrane of the bladder. Sub-peritoneal ecchymoses on the uterus and its appendages, and also between the laminæ of the mesentery. [Post-mortem on Marie Leblanc, who on the evening of June 5, 1856, six hours after eating, swallowed the combustible matter of a box of matches dissolved in a cup of coffee. Died on 15th inst. Prof. LEUDET, *Archives Générale de Medecin*, March, 1857.]

This case, says W. H. HOLCOMBE, M. D., *North American Journal of Homœopathy*, vol. vii., p. 140, remarkably illustrates the power of phosphorus to produce those blood-metamorphoses or those modifications of the capillary system, perhaps both at once, which result in hæmorrhages, either by ecchymoses into the tissues, or by exudation into the cavities. Orfila, in his treatise on *Toxicology*, says, that the petechial eruptions of phosphorus are red, whilst those of arsenic are black and blue.

2. The skin was yellow; the subcutaneous veins of the abdomen and the upper part of thighs were protuberant and arborescent; the scrotum was completely covered with ecchymoses. About the cardiac and pyloric orifices there were black, or rather marbled spots, which were genuine ecchymoses. [Poisoning by ten centigrammes of phosphorus, dissolved in hot water. Died six days subsequently. ORFILA, *Treatise on Toxicology*. Report of Dr. WORRE.]

3. The cutaneous surface exhibited numerous patches of livid discoloration. There were numerous extravasations on the pleura, mesentery, and other tissues. [Girl of 13, who took an unknown quantity of phosphorus paste. *British Journal of Homœopathy*, vol. xxi., p. 460.]

4. The lungs showed many patches of blood extravasation; the sub-pleural cellular tissue had numerous ecchymoses, and the cellular tissue of the mediastinum presented the same appearance; in the pleura was bloody serum; the sub-peritoneal cellular tissue presented patches of ecchymoses; the mucous membrane of the

pelvis of the kidney was covered with spots of ecchymoses. [Soldier, aged 21, who in order to commit suicide, took the ends of six ordinary packets of phosphorus matches. *American Journal of Medical Sciences*, January, 1858.]

5. Very large ecchymoses of extravasated blood under the serous membrane of the lungs, both costal and visceral; the lungs presented here and there small ecchymoses; the pericardium and endocardium also presented ecchymosed spots; and there were small ecchymoses in the substance of the liver. [A case of suicide accomplished by swallowing inflammable material of four boxes of lucifer-matches, scraped off into a wine-glass full of brandy. Prof. LEUDET, *Archives Générale de Medecin*, March, 1857.]

6. The mucous membranes of the larynx and trachea were covered with patches of ecchymosis, as was also the pleura; beneath the capsule of Glisson there were numerous spots like petechiæ, and extravasations under the anterior surface of the capsule of the kidney. [Augustus K., aged thirty, March 14, 1865, put the ends of eight packs of phosphorus matches into a glass of hot water, let them lie a quarter of an hour, and drank about three-quarters of the solution. Dr. VON PASTAU, Breslau. *Virch. Archives*, xxxiv., 3.]

7. Erythematous and hæmorrhagic patches occur in the skin with a good deal of irritation and hyperæsthesia; this hæmorrhagic infiltration of the skin is accompanied by similar patches in the serous membranes and other tissues; ecchymoses and gangrenous spots are found in the intestinal tract. [Constitutional effects of poisonous doses of phosphorus. CHAS. D. F. PHILLIPS, *Materia Medica and Therapeutics*, vol. i., pages 38 and 41.]

8. The ecchymoses occur in all parts of the body, but are apt to be especially pronounced in the mediastinum and the serous membranes. [HORATIO C. WOOD, *Treatise on Therapeutics*, 1883, p. 112.]

9. It has been found that in dogs, after death from phosphorus, the blood does not pass into the veins, but remains in the arteries; showing that the capillaries are occluded, impervious, or disorganized. [Prof. SCHIFF, *Archives für Exper. Path. und Ther.* Bd. 11., p. 347.]

POTENTIZED PHOSPHORUS.

10. About thirty little red specks not quite as large as the head of a pin, upon the anterior part of the back of the left hand and upon the fingers of the same hand, especially the third and fourth, as if blood had settled under the skin, without sensation, coming out at 10 A.M. and lasting all day. [Observation of Dr. B. FINCKE, from a dose of phosphorus, 80m.]

PURPURA HÆMORRHAGICA CURED BY PHOSPHORUS.

BY

DR. WILLIAM ARNOLD,
Heidelberg.

Translated from *Hom. Vierteljahrschrift*—Vol. V., page 167—by James E. Lilienthal, M.D., for the AMERICAN HOMŒOPATHIST.

In the last few years I was called upon to treat several marked and severe cases of the above disease in children, in which I observed such a rapid curative action of phosphorus that I have concluded to give in brief the result of my observations.

In the course of three years I treated six children, four boys and two girls, all of whom resided in the small community of Nauenheim, which lies on the right bank of the river Neckar. Some few houses are built near the banks, and are subject to inundations, but in none of these did any case appear. Most houses are quite a distance from the river; are dry, warm and healthy, and are not subject to overflow. Besides this there is no stagnant water; the current is quite rapid, and intermittents are among the rarities.

Four of the children affected were children of well-to-do, two of poor

parents. Some dwelt in airy and bright rooms on the first floor, the majority lived on the ground floor, only one of which could be called damp; the others, however, not having as much light and air as is the rule in dwellings in the country; some of the children had a tendency to scrofulosis, not in very high degree. The majority were hale and strong. The six cases occurred at different periods of the year. Two children who were taken sick during the hot summer days had for several days before their sickness been bathing for several hours in the river.

No connection between the several cases, nor any common cause could be discovered.

The disease developed with some slowly; hæmorrhages only occurred after purpuric spots had been present for several days. In others the attack was sudden and unexpected.

In no cases was fever observed; in some pulse was accelerated, in others slowed.

Strength was not diminished in any of the cases; some were tired and complained of bodily weakness, others made no complaint, but were kept in bed to keep them quiet, as movement brought on attacks of hæmorrhage.

The loss of blood was but small in the slowly developed cases, but so severe in the rapidly developing cases that I feared a sudden death. This occurred, however, in none of the cases, and under the use of phosphorus a rapid return to health was secured.

The son of cooper Q. was attacked with purpura in August, 1852, having been ailing for several days previously. I had seen him eight days before, and found him a lively, strong, well-nourished boy of good appearance, with no sign of any scrofulous or other diathesis; but whose appearance showed that he was accustomed to spend the greater part of the day in the open air. No cause could be assigned, except that in the warm days previous to his attack he had

been a good part of the time playing in the river, and should we wish to assign this as the cause, it is strange that none of his companions, among whom were several weakly ones, were similarly affected.

When I saw patient for the first time, he was in bed, complained of weakness, and was covered with red-dish spots and stripes, being most numerous on parts covered usually by the clothes. Face and hands were free. Frequent epistaxis, occasionally some bleeding from the gums, although no spots could be discovered in the mouth. Aside from the feeling of weakness no symptom of general disease.

August 21, I ordered :

℞. Solut. phosph. dilut. 2x gtt xiii.
aq. dist. $\overline{3}$ iv.

S. Every 2 hours 1 tablespoonful, the rooms to be well ventilated, and light digestible food to be given.

Aug. 23. Condition decidedly improved. No hæmorrhage in the last twelve hours, and the spots are lighter colored and lessened in number. At the same time the boy was out of bed, felt less tired, and according to the parents the boy was livelier and appetite was returning. I repeated the medicine, a spoonful every three hours.

Aug. 26. I found the boy playing in the garden, he felt well. No more epistaxis. The purpuric spots had partially disappeared, the balance were paler. No more medication and drugs, and in five days no trace of the disease could be discovered.

On the 4th of February I was called to see the daughter of Mrs. C N., a girl of eight years. She is well nourished, and was until now in perfect health. Her constitution might be called a lymphatic one, with some tendency to scrofulosis. No cause for her sickness can be ascertained, unless you wish to assign as cause the sudden death of her father. How much the child was affected by this, is difficult to judge, as she is accustomed to sit quietly by herself, and is not very demonstrative. The mother

noted no change in her, until on the morning of Feb. 4, a hæmorrhage from the nose and mouth set in. Upon closer observations she noticed a number of spots and stripes on the whole body, although the little one made no complaint. Upon examination I found not alone spots on the entire body, but likewise on tongue and palate. Hæmorrhages were frequent from the nose and mouth without any apparent cause, especially when clearing the throat, or coughing, which would occur after waking from a short sleep.

Some blood was lost with the stools, the stools having the appearance of being covered with a thin layer of blood. In spite of this, no disturbance of any organ could be discovered; there was no fever nor pain; the child only felt somewhat weakened from the loss of blood. I prescribed :

℞. Solut. phosphor. dil 2 gtt. vi.
aq. dist. $\overline{3}$ iii.

S. Every 2 hours $\frac{1}{2}$ tablespoonful.

Feb. 6. I called upon the patient, and ascertained that after the third dose the hæmorrhages from nose and mouth had ceased, that upon awakening she had coughed up no more blood. On examination I found the spots on body and mouth lessened in intensity.

The same medicine was ordered, every three hours one-half tablespoonful, and on the 9th of February, I was happy in being able to discharge the patient as far as taking medicine was concerned. No trace of hæmorrhage for several days. The spots had either entirely disappeared, or left slight red or yellow-red color of the skin. These disappeared without any medication, so that fourteen days later, when I again visited the child, no trace of spots or of any appearance of sickness could be discovered.

A very interesting case of purpura hæmorrhagica caused by over-doses of chloral is reported by Dr. Dyce Brown in the *Monthly Homœopathic Review*, London, vol. xv., page 347.

PURPURA HÆMORRHAGICA.

BY

GEO. M. OCKFORD, M. D.,

Revere, Mass.

I have had but two cases of purpura all told. One was in a woman, aged sixty-five, who had always worked very hard and lived very poorly, and whose system had been completely broken down by these adverse influences and numerous attacks of intermittent fever. She was anæmic and cachectic. Before the appearance of the purpuric spots there had been languor, a profound sense of weakness and weariness, and considerable digestive derangement, including pain in the pit of the stomach and tenderness on pressure. The purpuric extravasations were mainly upon the extremities, although one or two spots appeared upon the body, but no petechiæ upon the face were observed. I gave her arsenicum 3x trituration, which speedily removed the extravasations and cured the case.

I have forgotten the details of my other case, excepting that it was in a young man and that arnica and hamamelis were the remedies used.

PURPURA HÆMORRHAGICA.

BY

JOHN C. MORGAN, M. D.,

Philadelphia.

Some time after publishing the case cured by hamamelis, in the *American Journal of Homœopathic Materia Medica*, 1872, a lady brought me her son, aged about six years, a pale, badly nourished child, with numerous hæmorrhagic-looking dots over the surface of the body, etc. They disappeared within a few days, but as fast as this occurred, others showed themselves—for some time—despite treatment by medicines and improved feeding. Naturally, I expected benefit from the administration of the previously successful remedy; but it completely failed to improve the case.

I then studied the whole individual and gave lachesis, but without result. I now recalled some successes in scurvy, in my army experience in the Valley of the Mississippi, with dilute aromatic sulphuric acid; also, the well-known anti-hæmorrhagic power of sulphuric acid; and on reviewing all the symptoms, complexion and all, I fixed upon that drug. Four doses of the 160oth (Jenichen), were given within twenty-four hours, followed by sac. lac. No new spots appeared thereafter, and a few days later, all the old ones were gone.

[The case referred to above was as follows: A babe of nine months had capillary bronchitis severely. When convalescing it showed purplish, evidently hæmorrhagic spots, on the face, limbs, etc. Regarding it as a capillary venous hæmorrhage, I gave four doses of hamamelis 3, in twenty-four hours; the first at 12 M., hoping to prevent the usual afternoon addition to the number of spots. Not one appeared thereafter.

THREE CASES OF PURPURA HÆMORRHAGICA.

BY

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New York.

To begin with an Irishism neither of these three cases of purpura could be strictly classed under that head. I have never seen a real case of purpura, that is a case in which the cutaneous extravasation is the principal feature of the case. Of these three cases, one is rheumatic fever, another an intermittent fever, and the third a gastro-enteritis, but they all have as a prominent though secondary condition purpuric extravasations, which were evidently reciprocal, as they yielded, in common with all the other symptoms, to the remedy homœopathic to the case. They were each quite out of the ordinary run of cases, and of a severity to cause great anxiety, but they afford beautiful illustrations of the

proper way to "take" a case, and of the power of the properly selected dynamized remedy to stay the progress of the most dangerous retrograde metamorphoses, and of the recuperating energy of the human system when so aided.

I. A RHUS VENENATA CASE.

James S., aged 29; of the bilious type, lean and spare but not emaciate; by trade a carpenter, but at present employed on the elevated railway; married; had intermittent fever several years ago, and is somewhat subject to rheumatic attacks; applied at the Manhattan Hospital for treatment, October 10, 1879. He complained of an intense headache, describing the pain as throbbing. He felt dizzy when turning or stooping, but had no nausea. The conjunctiva was reddened and dry. The face somewhat flushed, temp. 100.2; pulse 78, respirations 20. The pulse was rather hard, and the heart beat with a sharp click. He was given glonoine 12, every two hours.

Oct. 11. Headache no better. The face more deeply congested; the conjunctiva about as yesterday, but the eyes look more staring. The brain seems to have a wavy, undulating motion whenever he stirs, but especially on stooping. He refuses to take his medicine, as he imagines it disagrees with him, and thinks he has been poisoned. Complains of pain in the left wrist and throbbing in the hand, which seemed to be synchronous with the throbbing in the head. Temp., 100.6; pulse, 82, and of about the same general character, respirations, 20.

A study of the pathogenesis of glonoine confirmed the impression that it was the remedy most homœopathic to the case. Glonoine has—

Throbbing: in temples, in vertex, in occiput, in whole head.

Severe pain in the forehead, throbbing in the temples, worse from walking.

Headaches worse: from shaking

or jarring the head, stooping, bending it backwards, after lying down, when ascending steps, in damp weather, in the sun.

Vertigo worse: from stooping, or moving the head.

Fear: apprehensive of approaching death; fears she has been poisoned.

Face flushed, hot, especially about the eyes and forehead, with headache; livid, purple.

Eyes injected, red, protruding, wild, staring.

Pulse: accelerated, increased during headache; quick, small, irregular.

Weakness of wrists after headache.

Rheumatic pains in fingers of left hand.

Feels pulse in fingers.

Thus assured of the homœopathicity of the remedy, although no improvement had taken place, I resolved to continue it in a higher potency. Gave glonoine 200, every four hours.

Oct. 12. Patient no worse; remedy continued as before.

Oct. 13. Headache very much improved, and the face and eyes less congested; but the rheumatoid pains in the wrist had extended to the elbow, and were much complained of. Temp. 101.5; pulse, 86; respiration, 20. Small petechial spots, like flea-bites, were noticed on the forearm and wrist, and this led to an examination of the skin elsewhere. The patient now mentioned, for the first time, that he had had for some days similar spots upon the legs. The legs from the knee to the ankle were covered with numerous small ecchymoses of varying size, and in some places, where several had coalesced, as large as a silver dime. The knee of the left leg was tender and stiff, and the whole leg was pervaded with a peculiar sense of weakness and numbness. The patient was very restless and apprehensive; felt drowsy but could not sleep; the bowels, which previously had been regular, were now for three days constipated, with bitter taste, dry tongue, sore gums, and inappetence.

The petechiæ, the rheumatic pains in the wrist and knee-joint, the sense of weakness and prostration, the constipated bowels, the symptoms of the buccal cavity, the continued slow fever, and the insomnia with drowsiness, seemed to point clearly to phosphorus, which was given, bi-hourly, in the sixth trituration.

Oct. 14. Most of the symptoms remain about the same, but the pulse is 92 and weak, and the temperature has risen to 102.2°. The petechiæ have increased in number and size and have spread to the thighs and back. A slight nose-bleed occurred during the night. He feels greatly prostrated, but is restless and anxious, and his sleep after midnight was disturbed by vivid dreams, in which he thought he was climbing a great mountain, carrying a heavy load. The urine was scant and dark. Not seeing any clear indication for a change, phosphorus was continued until the 16th inst., in varying potency, third, twelfth, thirtieth, and two-hundredth; but the patient grew slowly and manifestly worse, especially the pains and prostration.

Oct. 16. Temp., 102.4; pulse, 90, weak and trembling; respiration, 20, shallow, as if unable to draw a full breath. The ecchymoses had extended over the entire body, and were accompanied by much itching. The pain in the joints very severe, making him extremely irritable and restless. During the night he had had a copious nose-bleed. The urine scanty, with coffee-ground sediment.

An error in the remedy used being now apparent led to a further study of the case. The character of the pain so closely resembled that of *rhus toxicodendron* that its pathogenesis was examined, developing the following correspondences:

Fear of death; fears he will be poisoned.

Vertigo, worse from turning or stooping, or when rising from lying.

Headache, rush of blood to the head, with throbbing; restless; face red.

Eyes red and inflamed.

Epistaxis of coagulated blood, worse at night.

Face fiery red; dark-red; with burning.

Food, especially bread, tastes bitter.

Tongue dry, red, cracked.

Hunger without appetite.

Urine diminished; discharges a few drops of blood-red urine.

Pulse accelerated, weak, faint and soft; trembling or imperceptible.

Tearing and burning in the shoulder and arm.

Pains felt mostly in the knee.

Swelling and stiffness of the joints.

Rheumatoid pains in the limbs, with numbness and tingling.

Great debility, soreness, and stiffness.

Restlessness, must change position.

Great sleepiness, with sleeplessness until midnight.

Dreams of great exertion; as rowing, swimming, etc.

Intolerable itching of the skin, with a red rash all over.

Rhus venenata was given, in the thirtieth potency. This was chosen in preference to *rhus toxicodendron* because of the profound depression of the nervous system, and for the reason that this *rhus* is said to exert a stronger influence upon the cuticle; but I had no expectation that it would do any thing more than reduce the fever and relieve the rheumatoid pains. In this I was very happily mistaken, for while the pains and the fever abated at once, the ecchymoses also ceased to extend, began to change color like an old bruise, and disappeared within ten days. The nose-bleed did not recur after the *rhus* was taken, the fever was all gone by the second day, and the wrist and knee supple and free from pain by the fourth. The patient was discharged on October 26, cured.

II. A CINCHONA CASE.

Mrs. L. M. B., a native of England, aged 37, resident in New York about nine years; brunette; large and fleshy; originally of a ruddy complexion, but now pale and anæmic;

the mother of four children, and in her last confinement, about one year previous to the date here mentioned, lost an enormous amount of blood, so much so as to endanger her life, since which time she has been feeble and dispirited; her menses have always been rather free, and at times menorrhagic. The husband, who had formerly been a good workman, had for the past year and a half taken to drink, and the family had sunken into absolute poverty. The wife had endeavored to support herself and children by taking in coarse washing, and her system was much run down by over work, insufficiency of food, and constant anxiety. To these influences was probably due the severity of the hæmorrhage at her last confinement. The child, unfortunately, lived until its tenth month, when it died of capillary bronchitis. The exhaustion caused by nursing this child, and her untoward surroundings, brought on a low fever, for which she received large doses of sulphate of quinine from a dispensary doctor. This was the condition of things when I first saw her, in March, 1881. Through a charitable organization I secured the removal of the family from the wretched room they occupied in a rear building on Eleventh avenue, near Twenty-eighth street, to much healthier and cleaner quarters on Twenty-fourth street, near Ninth avenue. Work was found for the husband, who promised to reform; and who did maintain tolerably decent habits for some months thereafter.

A study of the patient's condition led me to give *natrum muriaticum*, both because she had been dosed heavily with quinine, and on account of various symptoms which corresponded with its pathogenesis; but, although it was continued for two weeks, in varying potency, with a milk and beef-tea diet, I saw no benefit from it. In some ways the patient was better, but these changes could well be ascribed to her improved surroundings and dietary.

She had a fever every day, begin-

ning late in the forenoon, without chill, continuing until evening, and passing off with a copious sweat which lasted until near morning. The fever would vary day by day as to the hour of commencement, sometimes as early as ten o'clock, or as late as one o'clock, but never the same.

During the fever she was stupid, and could not be depended upon to describe her sensations. In the morning she had a bursting headache, and the congestion to the head apparently continued all day; but as soon as the perspiration set in all the untoward symptoms disappeared, she became lively and bright, said she felt very well and free from pain, and drank milk frequently and greedily. I stuck to *natrum* longer than I otherwise should on account of one symptom—fever blisters on the lips—but, finally, changed to *nuxvomica*. This, *ignatia*, *rhustox.*, and *lycopodium* were given during the next (third) week of treatment. The symptoms varied considerably and I was making a rather hopeless stern-chase after them, and felt very much discouraged, when a new phase presented itself and altered the entire outlook. Her menses came on the 16th day of treatment, and were profuse. The discharge was watery, and contained numerous dark coagula. On the 21st day, the menses continuing, and the patient being now very weak and apathetic, I was shocked to find that there had appeared spontaneously several ecchymoses on the left thigh about the size of a silver dollar, and smaller ones on the leg, foot, and along the lumbar region. *Phosphorus 12* was given, bi-hourly.

22d day. The ecchymoses have spread considerably, the old ones enlarging and many new ones forming. Her face is shrunken and livid, with eyes surrounded by heavy blue lines; sight dim and uncertain; noises in the ear, like distant bells; very apathetic, and either does not reply at all to questions, or slowly as if she did not fully comprehend; desires continually cold lemonade, and re-

fuses milk and the beef-tea, which disagree, causing eructations; urine scanty, turbid, and with a red-brown sediment; diarrhœa of bloody mucus, scanty, infrequent, painless; she wants to be bolstered up in bed on account of oppression in the chest when lying down; skin cold, clammy, and greasy; temperature (axilla), 103. 4° F.

In the presence of so grave a condition, I naturally hesitated as to the best course to pursue. Evidently phosphorus was doing no good. Various remedies, which had seemed indicated—at least, they were not given thoughtlessly and without much study—had been given, nevertheless, without result. I had avoided china, which had several times been called to my mind by symptoms in the case, because she had been so recently deluged with it. However, I could not disguise from myself the many points of resemblance between this drug and the case before me, and on studying its pathogenesis carefully I became convinced that if any remedy was capable of saving my patient it was china, and china only. China has the following:

Indifference; apathy; ill humor.

Dislike to all mental or physical exertion.

Slow train of ideas.

Intense throbbing headache—after loss of blood.

Sight dim and faint.

Fine ringing in ears.

Hardness of hearing; humming in ears.

Nosebleed; ringing in ears; facepale.

Face pale, hollow, or livid; blue around the eyes; hippocratic.

Longs for sour, cooling things.

Violent thirst for cold drinks.

Sour eructations after milk.

Heartburn after milk.

Hæmatemesis; weak, pale, cold.

Stools: bloody, painless.

Urine: turbid, scanty; depositing brick-dust sediment.

Uterine hæmorrhages, ringing in ears, fainting, cold, loss of sight; discharge of dark clots.

Menses dark, coagulated; or pale and watery, with dark coagula.

Can not breathe with head low.

Hæmoptysis.

Fever, long-lasting, and coming on at irregular intervals.

Sweat: partial, cold, or profuse; greasy.

Hæmorrhages from mouth, nose, or bowels; wants sour things.

Although the pathogenesis did not show ecchymoses on the skin, or elsewhere, and I did not at that time know of the recorded poisonings in which purpura developed (Vepau) nevertheless, I determined, in view of the origin of the pathological state of the patient, resulting as it did from overlactation following excessive parturient hæmorrhage, and the remarkable coincidence in the concomitants, to give china, and in a high potency. I gave half-a-dozen pellets of Carroll Dunham's 200th, about noon, to be followed by a similar dose every four hours. Very little change was noted during the first twenty-four hours, except an improvement in the condition of the bowels; but on the 23d day the mental state was altered for the better in a marvelous degree, and the fever temperature was only 100° F. All her apathy was gone, and she answered promptly and pleasantly all interrogatories. She took nourishment freely, had no perspiration at night, and slept quietly and soundly.

24th day. No new ecchymoses have appeared since china was given, and many of the old ones are fading, changing to a mottled and greenish shade. She is now taking two quarts of milk daily, beside beef-extract. Bowels and kidneys acting normally. Temperature at noon, 99. 4° F.; but she is not conscious of any fever. She is very weak, but her mind is bright, and her spirits high.

27th day. She has continued to convalesce nicely. No fever to-day for the first time in two months. Appetite good, and functions all normal. The ecchymoses are fading slowly.

32d day. She was up and moving about the room to-day. Has had an

ounce of Speer's port wine, three times a day, with her meals, since the 29th. Is in all respects well except extremely weak. Has had no medicine since the 28th, except five drops of dialyzed iron in half an ounce of water, at bedtime.

III. A SECALE CASE.

On June 17, 1881, I was called in to see a German woman, aged 55, living on 29th street, opposite the old Hudson River Railway sheds. I had known the family for some time, as a son, a jeweler by trade, had a peculiar trouble of the heart. The old lady had not been ill for many years, but had for months complained of a numbness of the left leg and foot, for which, however, she refused treatment, believing she could work it off. She was one of those dried-up little specimens, with a leathery skin, which we so often see among the poor class of German emigrants. The block on which they lived was notorious for its bad sanitary condition, and during the hot weather which was now prevailing funerals were a daily occurrence. She had been ill for several days, but refused to have medical attendance, as she had a great scorn for doctors. I was at the time attending that anomalous case of puerperal fever which I reported in the *New York Medical Times* for September, 1881, cured by *calcareo carbonica* 200, (but which the editor printed after scratching out all reference to the potency), in the next house, and her daughter seeing me pass the door called me in to see her mother. The old lady refused to look at me or speak to me, but by using my eyes and from the report of the family I gathered the following facts in the case: She had had for two or three weeks a sensation on various parts of the skin, but most pronounced on the lower extremities, as of insects or vermin creeping about on her. She also complained of lack of sensation in her left foot and in both hands, which induced her to continually rub them with a piece of flannel. She

had been taking some kind of German medicinal tea, the composition of which I did not learn. She evinced the greatest objection to lying in bed, and although very weak required constant supervision and persuasion to keep her there—and this when so exhausted that the attempt to get up only resulted in her sliding down upon the floor. Equally marked was her repugnance to being covered, and when I first saw her she lay in bed with nothing on but a short chemise and her native modesty. What attracted my attention first was the shrunken and anxious expression of her face, and next the peculiar appearance of her feet and legs. Both feet and legs up to the knee were covered with bruises, or what appeared to be such. These were much worse on the left side, where the toes were actually black. That this was not a mere local trouble was shown by the presence of ecchymoses upon the forearms and upon the buttocks. More alarming, to the family at least, was the emeto-catharsis. The vomiting and purging occurred simultaneously and involuntarily nearly hourly, but neither were very copious. The dejected matter was watery, nearly colorless, and preceded by colic and rumbling in the abdomen. Her skin was cold and clammy. She had a great thirst and was clamorous (or at least had been until her voice became so husky and weak as scarcely to be heard) for iced water, lemonade, beer, any thing that was cold. She had had bleeding from the nose, but its character and frequency I could not learn. The urine was suppressed. Of course, there was never a doubt about the remedy; if in so desperate a case any drug could save it was *secale*. Whatever the remedy did do it was not a "faith-cure," either on account of the doctor's mental attitude, or the patient's; and I expected to find her dead on my return in the evening. *Secale* was given in the sixth trituration, dry on the tongue every ten minutes for an hour and afterward half-hourly; a higher potency would

have been given if I had had it with me. When I saw her four hours later, the vomiting had ceased, but the bowels remained about the same except in frequency. The medicine was commenced at 2:30 P. M., and the diarrhœa ceased at about midnight. The reaction was followed by a slight fever, for which I gave, the next day, aconite (this now I believe to have been a mistake), returning again to secale in the evening, on account of her having had a diarrhœic stool. The purpura gradually faded, and quite disappeared in eight or nine days.

— — —

We wonder that none of our authorities mention apis mellifica for the different forms of this disease. It is well known to have œdema among its characteristics. We find nose-bleed, gums bleed easily, inappetency and thirstlessness; vomiting of bile; of mucus with red specks; violent cutting pains in the abdomen; watery, copious, black diarrhœa; frequent, bloody, painless stools; bloody and albuminous urine; menorrhagia, with red spots on the body, like bee-stings; hoarseness; great feeling of suffocation; rheumatic pains in the extremities, followed by a sensation of numbness; œdema of the hands; great prostration; pains return periodically. Adynamia is a great keynote for the employment of apis, and it must become one of our leading drugs in the anomalous form of purpura hæmorrhagica with its long and tedious course. [Prof. Saml. Lilienthal, in the *North American Journal of Homœopathy*, Vol. ix. page 235.]

Naja tripudians is less useful in purpura than lachesis, and far inferior to crotalus. In naja the neurotic symptoms overweigh in import the hæmatic, and before blood changes can take place the paralyzing action of naja has done its work. The only hæmorrhage noted among its symptoms is the expectoration of non-coaguable blood. If called for at all

in this disease it will only be when the lethargy of the system is more pronounced than the ecchymoses, with collapse, great sensitiveness to the least draught of air, no thirst even during the febrile stage, and a tendency to profuse perspiration.

Lachesis occupies the middle ground between naja and crotalus. We find here hæmorrhages from all the organs, even bloody sweat; the blood is black and not coaguable; the affected parts are bluish, and everywhere there is a tendency toward gangrene; the patient is exhausted by the constant aching pains in the extremities, by the intense febrile paroxysms, and by a persistent insomnia, which is aggravated by the fact that the patient is afraid to sleep, as he feels so much worse afterward.

Kreasote may sometimes be useful in this disease. If the patient is greatly prostrated, and has pain and a sense of lassitude in all the limbs; a livid appearance of the skin, œdema of the feet, and hæmorrhages from various organs; abdominal colic without distension, labor-like in character, extending to the small of the back, with flushes of heat, it may be of the greatest service. It is a remedy of rare merit in exhausting diseases, when indicated by the pathogenesis.

Arsenicum presents most of the symptoms of purpura hæmorrhagica; petechiæ and multiple hæmorrhages; it corresponds to the dangerous state, agitation and excessive anxiety; inquietude; sensation of considerable internal heat; dyspnœa and lipothymia; torpor; aggravation at night. [Dr. P. Jousset, in *North American Journal of Homœopathy*, Vol. ix. page 229.]

Mercurius unquestionably causes ecchymoses and hæmorrhages; and were purpura a true blood disease, I should prefer this to any other medicine in the asthenic febrile form.—Richard Hughes.

THE
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EDITORIAL.

Noblesse oblige, our privilege compels us ; we professional men must serve the world, not, like the handicraftsman, for a price accurately representing the work done, but as those who deal with infinite values, and confer benefits as freely and nobly as nature.—
EDWARD EVERETT HALE.

THE death of the venerable Prof. HENRY C. GUERNSEY, of Philadelphia, deserves more than this passing mention, but we are obliged to omit many articles this month, owing to the space occupied by the special subject to which this number is devoted. The editor desires, however, to here record his personal and profound sense of obligation to the professional labors, as teacher, writer and physician, of this distinguished man. His name is forever embalmed in the hearts of all

true followers of the master, in that galaxy of which Hering and Dunham are cognate stars.

* * *

THE receipt of an article on purpura hæmorrhagica, from Dr. Angell, of Iowa Falls, and his expression of a desire for criticism on his management of the case, has led the editor to devote the major portion of this issue to that subject. Believing that practice is better than precept, we have endeavored to gather from competent sources a few cases treated on homœopathic principles, which we have supplemented with some experiences of our own, which have at least the merit of illustrating the beautiful law of *similia*. Dr. Angell's case is exquisitely typical, and therefore, we give it in full for the benefit of the many who have never seen such an one, among which may be mentioned the writer.

Purpura is a very rare condition. Seventy homœopathic physicians who have each had large and continuous practice for upwards of twenty years, have only treated 149 cases in all ; and yet these were selected from among the entire homœopathic fraternity as the ones most likely from their hospital connection, and otherwise, to have been brought in contact with this disorder.

In the entire homœopathic literature—American and foreign—there are only about a score of cases reported of purpura hæmorrhagica, previous to the present issue of the AMERICAN HOMŒOPATHIST. We, therefore feel justified in giving up so much of our space to so unique a subject. Purpura is one of those diseases which from its striking phys-

ical manifestations takes hold upon the imagination of the beholder and arouses consternation in the family of the sufferer. Human blood, even when the quantity be insignificant, is an object of terror to the general, and the doctor who can cure such a case is an object of admiration and enthusiasm, and mayhap of shekels also.

As homœopathy may be made or marred in a community by the manner in which such a case is handled by a professed disciple of Hahnemann, it behooves all of us, who aim to be known as such, to be prepared for the emergency. If any excuse were necessary for using so much good white paper on the elucidation of one topic, herein is the sufficient answer.

We doubt not that among the three thousand or more readers of the AMERICAN HOMŒOPATHIST there are many who can add yet further to the sum of general knowledge on the subject. We will welcome any such addition, no matter how trivial in itself; for it is the little drops of water, etc. We especially invite reports of cases which clearly define the homœopathic power of any remedy, or display the pathogenetic effects developed by the administration of a drug. The writer's idea of the manner in which the former may best be displayed will be understood by glancing down page 231 *et seq.*, and of the latter by the arrangements of drug-effects on pages 227-8.

* * *

CONSIDERABLE interest has been manifested in the Boston "mind" and "faith" cures, both here and in England, which has evinced itself by much newspaper discussion. The

authenticity and reality of many of the cures recorded seem to cause an amount of surprise which the facts of the case do not warrant. Even medical men talk about this craze as if it were unexplainable; and yet the co-ordination of mental and physical processes has been demonstrated in so many ways, and is practically used by so many successful physicians, that it ought to be well understood. The influence of the mind over the body in nervous and hypochondriacal patients is a matter of every day evidence, and there is nothing new in the proposition that under favorable circumstances the body will obey the will to the extent of undergoing molecular changes. It is not a part of the present discussion whether mind be a secretion of the brain or a spiritual entity. We have only to recognize the process as a purely natural one, and needing no supernatural hypothesis upon which to rest. Not only may physical changes be set in motion by the action of the will of the person himself, a condition which has been denominated as "expectant attention," but these may also result from the operation of another or external will. Mind is a force which must be taken account of in all curative processes, and all that is new in the "faith cure" is the manner of application of this force. The thing itself is as old as the hills, and has always played an important part in human life, though under a variety of phases. Upon it has depended much of the success of quackery and charlatanism everywhere, but happily also it is equally useful as an aid to science. The successful physicians of the world have been indebted to

its influence; and we all unconsciously or otherwise impress our individuality upon our patients, that is, we control them and help them through mind.

* * *

A PERSON of a rather inquiring turn of mind, living in the central part of this state, has spent somewhat of his leisure during the past forty years in investigating the subject of human longevity. He has collected and classified more than ten thousand cases of persons who have become centenarians, which he believes may be relied upon as accurate in every instance. The only exception to this is the case of a man who died at the age of ninety-nine years and three hundred and sixty-four days. Although these names have been gathered from every part of the globe, this country leads in longevity and Connecticut is the banner state. There are more centenarian women than men. Fifty old maids have passed the century mile-post and only twelve bachelors. Sailors, soldiers and farmers are the longest lived. Among the professions are one hundred clergymen, thirty physicians, ten lawyers, ten actors, but not a single editor. Editors die young! Coming to special instances:

"Among the oldest people in the United States were Flora Thompson, a negress of Nashua, N. C., who died at the age of one hundred and fifty years; Betsy Frautham, a native of Germany, who died in Tennessee at the age of one hundred and fifty-four years; and Sins, a slave, who died in Virginia, one hundred and eighty years old. Ten persons lived in safety for one hundred years and were then burned to death. In Onondaga County were fifty centenarians. Among them the Rev. Daniel Waldo, who died in 1864 at the age of nearly one hundred and two years. For more than sixty years he was a clergyman in the Presbyterian Church, and on the anniversary of his one

hundredth birthday he preached a sermon in the First Presbyterian Church of Syracuse. The last six pensioners of the Revolutionary War were centenarians. Then there was John Weeks, of New London, Conn., who married his tenth wife when he was one hundred and six years of age and she only sixteen. He died at the age of one hundred and fourteen. His gray hairs had fallen off and they were renewed by a dark growth of hair. Several new teeth had also made their appearance, and a few hours before his death he ate three pounds of pork, two or three pounds of bread, and drank a pint of wine. Nicholas Schathcowski, of Posen, was another old fellow. He deposed on oath before the Council of Constance, A.D. 1414, that he was one hundred and fifty years of age, and that his father, whose age at the time of his death was nearly two hundred, could remember the death of the first King of Poland, A.D. 1025. Among the oddities is a man who died at the age of one hundred and twenty-one years. He had 144 children, grandchildren and great-grandchildren, and outlived them all. Then there was Margaret McDowal, of Edinburgh, who died at the age of one hundred and six. She married and survived thirteen husbands. John Rovin and his wife, of Hungary, lived together as man and wife for 148 years. He was one hundred and sixty-four and she one hundred and seventy-two years at the time they died, and their youngest son was one hundred and sixteen years old when the parents died.

"Then there is the case of a man who married sixteen times and had no children. This case is offset by that of another centenarian who had forty-nine children. John Riva, an exchange broker of Italy, lived to the age of one hundred and sixteen years and had a child born to him after he was a hundred years old. Betz, a Sioux squaw, who died a little while ago, lived for more than one hundred years. She had been the wife in turn of an army officer, an Indian chief, a border highwayman, and a Methodist minister. William Ward, of Westchester County, died in 1778 at the age of one hundred and seven. He was a member of the Ward family, who were among the earliest settlers in Westchester County, and the particulars of his life and death were given in New York papers of the time. His brother John was a magistrate and attended court in White Plains as late as 1773. William Ward, a member of this family, carried on business as a banker in 1883 at No. 52 Broadway, New York. Another queer incident is that of a centenarian who was married four times and had a daughter by each wife. These daughters married and each of them had fourteen children. Then there was a man who went over the century line and had twenty-two children. His first was a boy, and girls and boys came after that in regular rotation. There was a person known as Elizabeth Page,

who lived in London, and died at the age of one hundred and eight years. This person had acted as a midwife, and was supposed to be a woman. After death, however, it was discovered that the supposed woman was a man."

THE TALK OF THE DAY.

The dominant school of medicine, after having vainly endeavored in the past to crush out homœopathy, have now wisely changed their tactics and propose to get rid of it by absorption. If the mountain will not come to Mahomet then Mahomet must go to the mountain, and as homœopathy will not come to them, then the *soi disant* regular school must come to homœopathy, at least that is what the more progressive of them are doing when they admit the virtue of the homœopathic method of practice. A physician of this class, one of those who disclaim being wedded to any school of practice, was relating to me a short time ago a conversation he had with one of the most distinguished of the old school physicians in Brooklyn, in which, speaking of homœopathists, he let fall the following significant expression: "Well, after all, I do not know but what they (homœopathists) may be as near right as we are." The bearing of this remark, as Captain Cuttle would say, lies in the fact that ten years ago this same gentleman would probably not have admitted the right of a homœopathic practitioner to call himself doctor.

Time works marvelous changes, and from the present rate of progress not many years must elapse, in our eastern cities at least, before the old titles of homœopathist and allopathist will have lost their significance, and it will be recognized that the true success of the physician is to be obtained not through any particular school of medicine, but through the ability of the man himself. The power to use his tools, whether they are the crude drugs of the allopathist, or the attenuated remedies of the ho-

mœopathist, to sustain the vital forces and combat those of disease, is the true test of the physician.

One of the greatest needs in homœopathic literature to-day is a repertory that shall truly be a guide through the weary mazes of our *materia medica*. After a practice of a good many years I am free to confess that the *materia medica* is still a labyrinth through which I often blindly wander in pursuit of that elusive talisman, the *similium*, to emerge hopelessly confused. Every remedy is doubtlessly thoroughly distinct in its action, but after an hour's study to find the *similium* for some obscure symptoms, they have a wonderful similarity. To practice homœopathy successfully one needs to select his remedy by inspiration, but as Somers said of painting, he painted by inspiration, but he had to study all the time to get material for inspiration. So the physician has to study, too often blindly piling up symptoms in a chaotic mass, to get the material for inspiration in the hour of need.

The form of repertory we need is one that will give, not a lot of indefinite symptoms that are common to a hundred remedies, but the group of symptoms, the characteristic and the peculiar symptoms that are the guide to the choice of the medicine. Dr. Hering used to say that where you had found three symptoms in a remedy corresponding to as many symptoms in the patient, the stool had legs enough to stand up, but I think that they were not the indefinite symptoms common to so many remedies he was thinking of when he said it, but the characteristic or specific symptoms of the drug.

The faith or mind cure still continues to occupy a considerable share of public opinion, and one often hears of marvelous cures that have been effected, but all those I have attempted to run to earth have proved as unsubstantial as the myths of the

middle ages. While those who profess to cure disease by this method endeavor to shroud their work with as much mystery as possible, and their followers speak of it as a new dispensation, it is simply the revivification of an old idea, the uplifting of a dead hand that will not let go its grapple on the ideas of the race.

There is nothing marvelous in the changing of physical conditions through the operation of the mental forces. Every physician does that more or less, but I fancy that few of us realize how potent an aid to the relief of our patients we have in that force if we properly exercised it, or how often the words lightly spoken in the hearing of the patient largely influence them for good or evil.

HEARD BY THE WAYSIDE.

AN EDITOR IN SEARCH OF INFORMATION.

What do you know about purpura? is the incisive interrogation with which we have button-holed the wise men of Homœopathy. The answer has been numerous and various, as the gentle reader will discover as his eye meanders down the page.

PROF. WILLIAM OWENS: Know any thing about purpura? why, yes; it has been my fortune, good or ill, to have encountered quite a number of cases of purpura hæmorrhagica, and I regard the different varieties as practically the same, symptomatic of some altered and more profound morbid process, and that this condition consists in great depression of the nerves of organic life affecting all of their functions, but more particularly affecting the vaso-motor nerves, inducing paralysis of those nerves and consequent relaxation of the vascular walls, and permitting laceration of the capillaries; extravasation or transudation of blood from them giving rise to ecchymosis. With this expression of my pathological views I will suggest treatment under the homœo-

pathic law; the drugs which are known to produce such conditions are rhus, phosphoric acid, muriatic acid, chloral hydrate, kali hyd., and I would be guided in my selection by the general morbid condition of which this hæmorrhagia is symptomatic.

PROF. HENRY C. ALLEN: I never saw but three cases of purpura hæmorrhagica that I remember. Two during an epidemic of typhoid, one of which called for baptisia and the other for rhus, but neither had the fever. The other was in a girl about six years old, very anæmic and puny, which yielded readily to acetic acid. If you propose to teach your readers how to cure purpura hæmorrhagica, instead of their patients, I beg of you don't. I made that mistake for years, and you can do your readers an inestimable benefit if in *any way* or *some way* you may be able to coax them out of the "rut." In the last volume of the Trans. of Am. Institute, R. C. Allen of Phila., reports a case caused by rhus.

PROF. JOHN W. DOWLING: I'm just off for Lake George for July and August, and my cases of purpura hæmorrhagica are so far in the past, I really don't think I could say any thing on the subject which would be of much service.

C. G. RAU: Of purpura simplex I remember a number of cases which yielded readily to the indicated remedies, either bryonia, sulphuric acid or others. One of these cases was peculiar in this, that it returned several times at irregular periods. I believe it yielded at last to secale. Purpura hæmorrhagica with bleeding from cavities I do not remember of having met with. The purpura variolosa I have seen only once, and that by chance in a patient who was under the care of another physician, where I declined prescribing unless in consultation. He was a man of some thirty-five years of age, sensorium clear, eyes bloodshot, skin covered with purplish eruption. He died, as I was informed afterward, on the following day. You think this "a poor

crop." Sure enough, so it is, but I hope you will be more successful in other quarters.

BERNHARDT FINCKE : Have only seen one case of hæmorrhagic purpura, and that was not at all satisfactory, as the patient changed doctors after my second visit, and I never knew what became of him.

J. B. DAKE : I can not go into detail of cases and indications, but will say that I have treated a number of cases of purpura hæmorrhagica and quite successfully, except in two instances, where death resulted. One, a woman, had some valvular cardiac trouble developing dropsy ; the other, a woman, died from post partum hæmorrhage, two hours after delivery. Both had been spitting blood frequently, usually of dark color. Only temporary good came from remedies.

The remedies doing the best work in my practice have been ferrum met., secale cor., hamamelis, and digitalis. All the cures accomplished by me have been attributable to one or other of these homœopathically used. In regard to lachesis, much praised by some, I must say it never did any good for me in any case of purpura hæmorrhagica. As to preparations, I would say that I have generally used ferrum in the third decimal trituration, and the other remedies from the mother tincture up to the third decimal attenuation. I consider the accessory measures, as we usually term them, quite as important as the drugs. Good air and food and exercise are necessary factors.

W. P. WESSELHÆFT : I can only say that I have seen but one case of hemorrhagic purpura, and that was many years ago in consultation. I don't remember even to have heard how the case ended, neither do I remember the patient's or the doctor's name.

F. H. ORME : In a practice of over thirty years, I can recall but three cases of my own of purpura hæmorrhagica, and but one of these with sufficient distinctness, as regards treatment, to be of any value even to

myself. The case I refer to was an unmarried lady of about thirty years, who had had a former attack. The spots were numerous about the body and face, and the mucous membrane of the mouth. At places on the body and limbs large splotches of apparently ecchymosis were found. With this case the breath was fetid, the gums were pale and soft, and there was a condition resembling scurvy. My treatment was chlorate of potash, in appreciable doses, and hamamelis in small doses. I also directed the use of a chalybeate water. The case made what I considered good progress to recovery, and, although it was a number of years ago, there has been no return of the trouble. I consider the treatment of such cases as properly more regimenal than medicinal.

J. McE. WETMORE : Well, yes, I have treated purpura, but it's very ancient history now, and I've no notes of my cases.

EVERITT HASBROUCK : Really I've met with very few cases of purpura, and all of them have been of the simple variety, except a recent one which presented some rheumatic features. What did I cure it with? Well, you "have" me once more. The case was that of a child about five years old, with pain principally in the limbs and abdomen. Several remedies were used, but I have doubts if the child was "cured;" guess it "recovered." No clinical verifications this time.

JOHN H. THOMPSON : I have not had a case, nor seen one, for many years, and my experience in purpura hæmorrhagica has been so unsatisfactory that I can add nothing to the general knowledge on the subject.

SAMUEL SWAN : It is a long time since I had a case of purpura hæmorrhagica, and it was a lady about sixty years of age, and unmarried. She would have large spots on her thighs as if she had been beaten or kicked, and these spots would pass through all the appearances of a bruise, turning yellow, green, and dark purple. I do not now remem-

ber what I gave, as I am away from my record. (Dr. Swan is spending the summer at Cresson, Pa.—G. W. W.) She was cured, and had nothing of the sort since.

A. M. WOODWARD: I remember that Dr. V. Thompson had a very interesting case, which I frequently visited for him in his absence, but whether it was cured I do not know, as I have not seen her for years.

PROF. P. E. ARCULARIUS: As to the treatment of purpura, terebinthina is, I really believe, our main remedy, from which we may expect the greatest success. The most valuable clinical results have been obtained from it, and I always emphasize its virtues to the classes from year to year.

PROF. MARTIN DESCHERE: I cured one case some years ago with phosphorus 30; I can not now tell the particulars upon which I based the prescription of phosphorus, but I do know that it strengthened the little girl wonderfully, and she recovered completely under that remedy in a short time.

PROF. BIGGAR: I trust you will have success in giving us a good digest of this to me a rare disease.

PROF. C. WESSELHÆFT: After a severe illness of two months' duration, I am rustication and taking things easy. When I get back into harness again I shall be glad to write out my experience with purpura hæmorrhagica for the AMERICAN HOMŒOPATHIST.

LUCIEN B. WELLS: The only case of purpura hæmorrhagica that I have seen in twenty years was a fatal one, the patient coming into my hands after several weeks' allopathic treatment. Ledum seemed for a time to improve the case, and arsenic was given subsequently for the profound prostration.

H. R. STOUT: In seventeen years' practice I have not had a single case of purpura.

PROF. T. S. HOYNE: I will write up my experience in treating purpura hæmorrhagica and forward it to you.

CORRESPONDENCE.

ALTERNATING LOW AND HIGH POTENCIES NOT A HOMŒOPATHIC CURE?

Dr. Geo. W. Winterburn, Editor of the AMERICAN HOMŒOPATHIST:—In the June number of this journal, page 183, we are warned against giving a low and high potency in alternation, for "if the homœopathic law of cure be true, then the high and low potencies should antagonize each other, and it is nature that works the cure."

I beg to differ with the writer of that article, on the following grounds:

I was taught, and find that same doctrine in every work on homœopathy, *that the only law of homœopathy is*: the law of SIMILIA, and if a certain remedy corresponds to the totality or the majority of the symptoms complained of, that remedy is the right one and will cure according to the homœopathic law, *no matter how small the quantity used*; be the cure effected by the 1x or the 200 potency, it *is* a homœopathic cure.

If *this* be the true law, how then can we understand that a high and low potency can antagonize each other? If 1x or 30x or 200th acts all the same, only one somewhat stronger, the other milder, one slower, the other perhaps quicker, how could they ever antagonize each other? How could two forces of the same character, only differing in strength, acting in the same direction, antagonize each other? Must a cart necessarily come to a standstill when pushed in the same direction by *two* men of unequal strength? Again, suppose we alternate the remedy in the 6th and 200th. Now, according to those who maintain that there is no drug action possible above the 11th or according to others (Sherman, etc.) above the 21st, then the 200th is nothing but sugar or water as the case may be; and to be sure that could not interfere, or as others maintain, the 200th is so powerful that you must not repeat the dose for fear of aggravation, then surely the power-

ful 200th will adjust the weaker 6th, but never antagonize each other. We would further ask: what is a low and what a high potency? some call the 6x very high, while I have heard others say, all under the 1000th potency I consider low. Supposing that the 3d be *low* and 30th and 200th high, then will the 30th antagonize the 3d, and the 200th again the 30th, so that, if the writer's assertion be true, it would be advisable to *alternate three potencies* (for instance, the 3d, 30th, and 200th) in order to get the benefit of the low and the high and to prevent the antagonizing of each other. According to the writer, the rule laid down by so many eminent physicians, "if you see a remedy clearly indicated, but find only partial benefit of it, go to a *higher* potency, and still higher and higher, (some say, go lower and lower)" is absurd; for every time you do go, you antagonize the preceding potency and make undone what you have commenced. Well, if they all are in error, then I prefer to belong to the great majority, until the few who dissent have *proven* to be right.

But how will we ever prove this either one way or the other? All possibility of proof is cut off by denying the value of clinical experience: "if a cure should follow the alternation of a high and low potency of the same remedy, it is *nature that cures and not the remedy*." That is very dangerous ground, and in fact, could be used as a weapon against the writer's assertion, so that his theory will fall to the ground. For if we *exclude* clinical experience, how will we ever prove that there *is* any virtue in the 3d or 200th? Science maintains and apparently proves that there is none. Moreover, do we not grant the right to our *regular* brethren to assert and maintain, that every cure which followed the administration of a remedy in accordance with the homœopathic law, by whomsoever given, from Hahnemann up to this day, "*was caused by nature and not by the medicine*."

No; clinical experience alone can and must decide all these matters. Not a single case; not an isolated fact but a large number of cases under various conditions, by various practitioners, slowly gathered, and sifted and weighed, and carefully selected, by unprejudiced practitioners.

Those who don't believe in high potencies will surely not alternate high and low, neither will those who *only* use the high ones. But a large number of those who believe there *is* virtue in the 30th and 200th, but also know that in some cases the low, in others the high potencies act better. Lacking however a rule to go by, in selecting the one or the other in a given case, it is this class of practitioners who will be tempted to give their patients the benefit of the doubt and the benefit of both. I say let them try it; provided they give to the profession at large the benefit of their experience regarding the results—no harm done in trying.

J. L. CARDOZO, M. D.
Washington, D. C., July 6, 1885.

LITERATURE.

Among the many new publications which have accumulated upon our study table awaiting a formal introduction to the readers of the *AMERICAN HOMŒOPATHIST* is the second fascicle of the beautiful series of botanical plates drawn with such notable and refined taste by our gifted and genial friend Millsbaugh.* In speaking of the first fascicle of this work we soared into the superlative, and, alas, left ourselves nothing new to say. In looking through this second series and remembering what we wrote in regard to its elder brother, we can only say "Ditto, number two," and pass on.

The April number of Wood's Standard Library consists of a new

* *American Medicinal Plants*. By Chas. F. Millsbaugh, M. D. Fascicle II., containing 30 plates. (Philadelphia: Boericke and Tafel).

edition—the fourth—of that classic by Eustace Smith on the diseases of children.* One has to be an old practitioner to remember the first edition of this work, and a very stupid one to be able to scan its interesting pages without gleaning much of practical import. The present volume is beautifully printed and deserves an especial note of commendation even among the always superior imprimery of this enterprising house. Of course, there is much in the way of drugging which we pass over lightly—leaving it for those who believe in it, or know no better, while there are, on the other hand, whole chapters, such as on insufficient nourishment and on infant diet, from which we would not abstract one word. Except verbal changes, however, the work remains much as it came from the press in the third (1878) edition.

The May number of this same Library consists of an elaborate work on cholera prepared by Dr. Wendt of this city, with the assistance of several well-known gentlemen.† Although made to order, and possessing in a notable degree the ear-marks of hasty preparation, this work brings into a convenient form for easy reference, and at a ridiculously cheap price, the history, etiology, course, duration, and morbid anatomy of this world-famous and ever-dreaded disease.

The work is divided into seven parts, of which the first is devoted to a very full history of the disease, by Drs. John C. Peters and Eli McClellan. No one is better fitted by

experience and education to discuss the progress of this disorder from its native habitation on its journey round the world, than Dr. Peters. His accounts of the epidemics of 1832, 1849, 1854, 1866, and 1873 in the United States are graphic, and give an excellent idea of the fatal march of the scourge from town to town.

Part second is by Dr. Wendt, on the etiology of cholera. There is no disease the causation of which has been so much a matter of dispute as this. And this contention still continues, for while the majority of the profession are ready enough to adopt Koch's theory, there are many who claim that the comma-bacillus is not the essential, exciting cause of cholera. Dr. Wendt goes *seriatim* through all the theories which have been advanced from the water-miasm of Bayer (1832) down to the doctrine of Koch, and devotes many pages to a critical discussion of this latter, which he closes as follows: "Future views and conceptions concerning the ultimate nature of cholera may vary as much as past ones have done. But when the history of cholera shall be written, fifty years hence, it will have to be stated that Koch's discovery of the comma-bacillus constituted a decided step in advance in the pursuit of scientific truth." The general tenor of the article, however, is more favorable to the contention of Koch, than this closing sentence would indicate.

As to the contagiousness of cholera, those who are constantly engaged about the sick do not appear to be more liable than the rest of the population; the contagion of cholera resides in the dejections; and the washerwoman who handles the soiled linen is more likely to take the disease than the doctor or nurse. The conditions which favor the dissemination of cholera are poverty with its incidental surroundings; dissolute habits generally; sexual excesses; uncleanness; psychical influences, such as nervousness, anxiety, grief, and fear; a warm, moist, stagnant

* *On the Wasting Diseases of Infants and Children.* By Eustace Smith, M. D. Fourth Edition. 8vo, pp. 278. (New York: William Wood and Company.)

† *A Treatise on Asiatic Cholera.* By Edmund Charles Wendt, M. D., in Association with Drs. John C. Peters, of New York; Ely McClellan, U. S. A.; John B. Hamilton, Surg. Genl. Marine Service; Geo. M. Sternberg, U. S. A. 8vo., pp. 403. Illustrated with Maps and Engravings. (New York: William Wood and Company.)

atmosphere ; lowness of site ; sewage in water used ; and tainted or adulterated food.

A broad average shows the mortality from cholera to be not far either way from 50 per cent. ; in some local epidemics the death-rate has been 70, and even 90 per cent.

Only twenty pages of the book are devoted to treatment ; but this is sufficient. Opium, in its various forms, and chloroform are the basis of it all. It is a noteworthy fact that the word *camphor* does not occur in the whole book.

Dr. Geo. H. Taylor, already favorably known to the readers of the *AMERICAN HOMŒOPATHIST* as a writer of vigorous diction and a practitioner with original ideas, is the author of a little work on pelvic therapeutics.* Dr. Taylor begins his preface with the following sentence : " To simplify and render more intelligible the resources of the healing art ; to enrich them by general additions, from easily understood and applied principles of physics ; to extend their scope ; to include forms and stages of diseases heretofore only susceptible of palliation, would mark a highly desirable progress in medicine ; and these are the ends sought in the following pages." When an author sets his aim so high, he deserves, at least, a courteous hearing, and we venture the prediction that whoever reads this book in that spirit, will rise from its perusal with a broader idea of the wonderful cunning with which our bodies have been devised, and of the beautiful communal relation which each part bears to the other. Dr. Taylor has devised many ingenious processes for helping nature help herself, and he presents these physiological methods of cure in such a charming spirit and with so little of self-assertion that he would carry

conviction even to an old foggy, if he could only catch his ear. To those who would know more of this treasure-house of physiological and therapeutic wisdom, we say get the book and read it. There is no doubt you'll read it after you once get it. In brief, the author presents the principles of a treatment for hernia, hæmorrhoids, fistula, dysmenorrhœa, and uterine malpositions, based on physiological mechanism which approves itself to every intelligent mind, and which only makes us wonder why we are such confounded stupid as not to have thought it all out long ago.

The Harpers have published a little book on the management of children which we very heartily commend to all who have the care of the bodies and minds of little people.* Many subjects of interest, such as bathing, the uses of sweets, early rising, repose for busy people, the transmission of insanity, and other topics germane to these are discussed in a pleasing and gossipy style which is very attractive. The book purports to be the record of a series of meetings held by a number of ladies to discuss subjects of family interest, whence the title. " It is a record of experience ; and, as in the life of the healthy person experience is ever growing and never attains perfection, so in this collection of talks and papers the reader must look for a section of the combined life of a few earnest women, holding views, indeed, but never so fixed in their opinions that they were not also anxious to reach forward to that which they hoped might prove better."

A timely little work on hay fever comes to us from Prof. Sajous, of Philadelphia.* Dr. Sajous presents his topic in that clear and forceful style which shows his familiarity with it. His book is interesting as a sam-

* *Pelvic and Hernial Therapeutics. Principles and Methods for Remedying Chronic Affections of the Lower Part of the Trunk, including Processes for Self Cure.* By Geo. H. Taylor, M.D. 12mo, pp. 282. (New York : John B. Alden.)

* *Mothers in Council.* 12mo, pp. 110. (New York : Harper and Brothers.)

* *Hay Fever. Its Successful Treatment by Superficial Organic Alteration of the Nasal Mucous Membrane.* By Charles E. Sajous, M.D., etc. With 13 wood engravings. 12mo, pp. 103. (Philadelphia : F. A. Davis.)

ple of good medical English, even though we may not wish to relegate our hay fever sufferers to the hands of the surgeons for treatment. Those who have had much experience in treating the disease will recognize the accuracy with which it is here described. Dr. Sажous thus describes the essential factors in the production of hay fever: "Firstly, an external irritant; secondly, a predisposition on the part of the system to become influenced by this irritant; and, thirdly, a vulnerable or sensitive area through which the system becomes influenced by the irritant." This irritant is, in general, the pollen of plants, grasses and cereals, the emanations of certain flowers and perfumes, fruit, and in some few instances the paroxysms seem due to exposure to summer heat and sunlight. Different individuals enjoy partial freedom from infection by influences which are extremely potent with others. Some persons enjoy absolute immunity from all sorts of influences except one, as say, the odor of rag-weed, or of new-mown hay, or of the June rose.

The derangement of the nervous system, upon which hay fever rests, is often hereditary—nearly 40 per cent. The part of the nasal cavity which is thus hypersensitive differs in different individuals. If the posterior, then they suffer from reflex asthma, and if the anterior, they will have the headache and other distressing frontal symptoms. The author's treatment is cauterization, either by means of the galvano-cautery or by acids. He claims to have been very successful.

We have looked with amaze at the hodge-podge which Dr. Verdi, of Washington, has written, and Mr. Boericke has printed under the title of *Progressive Medicine*.^{*} Progressive from what, and whither? The

book has no practical value, and we are surprised that Mr. Boericke, who usually has such a keen scent for what is good, should have permitted his imprint to appear upon it. The clinical cases are numerous, but they are useless as illustrations of any thing but Dr. Verdi's polypharmacy. Typographical errors are as familiar as mosquitoes in a Jersey swamp,—lactucasia for lactucarium, barita for baryta, aqua fort for aquæ font., and such horrors as encephaloid, hyperaesthesia, and cervicle—these are but samples. We can not believe that these came from the same press as the *System of Medicine*, but rather that they are some old plates which have been bought up and are now sought to be worked off on a confiding profession!

ITEMS.

Dr. W. P. Fowler, of Rochester, N. Y., has removed to 63 South Clinton street.

Dr. M. B. Brown has removed from 233 West 34th, to 135 in the same street.

Dr. Henry Minton having been forced by illness to retire from the editorship of the *Hom. Jour. of Obstetrics*, his place has been taken by Prof. Danforth.

Prof. Lilienthal's many friends will be delighted to know that he has had a pleasant ocean voyage, is enjoying very good health, and met with an enthusiastic welcome in the Fatherland.

Dr. Grissom, of the Raleigh Insane Asylum, says in a special report that, owing to a diminished appropriation of the last Legislature, his patients are allowed but three and three-tenths cents for each meal, "a sum less than the smallest amount charged in the cheapest possible soup houses for outdoor paupers."

In noticing a new medical work entitled "Palatable Prescribing," a scientific journal makes the curious and highly suggestive typographical error, for which it apologizes, of calling the book "Palatable Poisoning."

An energetic doctor once gave his collapse patients (cholera) a hot bath, made them drink all the hot water their stomachs would hold, and then pumped not only their bowels but their bladder full of hot water, and complacently said if any one could do more to warm a patient up he would like to hear of it. (Dr. John C. Peters is responsible for this).

^{*} *Progressive Medicine*. A Scientific and Practical Treatise on Diseases of the Digestive Organs and the Complications Arising Therefrom. By Ciro de Suzzara-Verdi, M.D. 12mo, pp. 349. (Philadelphia: F. E. Boericke).

THE AMERICAN HOMŒOPATHIST.

NEW YORK, SEPT., 1885.

RHODE ISLAND HOMŒOPATHIC SOCIETY.

A regular quarterly meeting of this society was held at Rhodes-on-the-Pawtuxet, on Friday, July 24, 1885, at four o'clock in the afternoon. About thirty members of the association were present, and, in addition, Dr. George W. Winterburn, of New York; Profs. I. T. Talbot and Walter Wesselhœft, of Boston; and Dr. Elijah U. Jones, of Taunton.

The President of the society, Dr. George B. Peck, of Providence, called the meeting to order, and after congratulating the members of the society upon the pleasing environment in which the present session was held, introduced the speaker of the day, Dr. George W. Winterburn, the editor of the AMERICAN HOMŒOPATHIST, New York.

DR. WINTERBURN said, in part:

MR. PRESIDENT AND GENTLEMEN OF THE RHODE ISLAND SOCIETY—It is not my intention to inflict upon you a long or set speech. The scenes which surround us and the nature of the day intimate more of the festival than of a stated meeting, and incline us rather to social intercourse than to a formal discussion. When your President kindly invited me to meet with you and partake of your hospitality, I assented gladly to the proposition, not that I expected to be able to say any thing which would be noteworthy, but because it gave me the opportunity to come among you under such favorable circumstances, to look into your faces, to know what manner of men it was who were upholding the honor and enhancing the prestige of homœopathy in the State of Rhode Island. I am glad, gentlemen, to make your personal acquaintance, and to perceive how well fitted you are by all outward attributes, at least, for the responsibilities of your posi-

tion. And, on the other hand, I am glad to have you know me, not that I am of any special consequence, but because of my position as the editor of a widely-circulated journal it is desirable that I may be brought into as close personal affiliation with the members of the homœopathic profession, here and elsewhere, as may be; and for these reasons I congratulate myself upon the opportunity which is thus given me to stand before you to-day.

Your President has suggested to me as perhaps a desirable topic for discussion the proper method of taking a case. This is an every-day sort of subject, but perhaps its very triteness may be an advantage. For it is not from the unusual and the singular that we derive the greatest benefit. Out-of-the-way cases and peculiar complications may divert our attention and excite our curiosity, but teach us very little of practical value. What we all need is a better knowledge of the common-place, and a quickened facility in applying the true homœopathic remedy in the ordinary round of practice. We do not so much need to be brilliant on occasion, as to be able to conduct our every-day business with reasonable success. There is nothing which so indubitably marks the professional character of the practitioner as his manner of taking a case; and there is nothing upon which so much depends. I think I am fully justified in saying, and that your experience will abundantly support the assertion, that the most important and the most arduous duty of the practitioner, in the entire round of professional service, is accomplished when he has properly taken the case. It seems a very simple thing, yet it taxes the ingenuity of the most skillful and the most profound. It has been my fortune to have charge of a large dispensary clinic, and to have been brought in professional relations with many

thousands of our tenement-house class; and I can, therefore, speak from a somewhat varied experience. Human nature is, I presume, much the same all the world over, and you of Rhode Island meet the same phases of character and disposition which discompose the mind and befog the judgment of the New York doctor.

The first point upon which I desire to dwell has long seemed to me a very important one. It is this: Delay as long as possible making up your mind as to the diagnosis. Wait until you hear all the facts. Examine the patient objectively and subjectively; listen to all he has to say; hear from his family and the attendants all that they may be able to add; and then, when the returns are all in, make up your mind as to the nature of the disorder. This is not easy to do. It is natural, as soon as we get some inkling of the case, to jump to a conclusion as to the seat of the disease, and then to make all subsequent facts fit in with that hypothesis; and the more experienced we are the more likely we are to render a snap judgment, unless we especially guard against this fatal habit. And nothing can be more fatal to a pure diagnosis. Doubtless many an improper prescription has been based upon such a faulty diagnosis, for how can the prescription be properly made except it is based upon all the facts of the case, and how can we come to an unbiased judgment upon the facts unless we hold our mind in absolute patency until we possess them. And this brings me to the second point: the necessity of an accurate first prescription. Unless the right remedy is given first, not only is valuable time lost, but the case gets so mixed up that it becomes almost impossible to afterward make a sensible prescription, and the treatment of the case becomes a mere stern-chase after symptoms which are continually running away from us.

In the hurry and pressure of business we are apt to become impatient with the long drawn out stories of

the sick, but I most strenuously advise letting the patient tell his story in his own way. We may indeed thus be compelled to listen to much that is irrelevant and repetitious, but in no other way can we get an unhampered view of the patient's mental and physical state. If we begin by asking leading questions we will get such replies as the patient imagines we are after. There are indeed some patients who maliciously endeavor to prevent us forming an accurate judgment, but generally the trouble is just the other way. The patient, as a rule, is too anxious to accommodate his answers to the theory of the case, or what he believes to be the theory entertained by the doctor. After the patient has told his story after his own method, we can then complete the picture by making such inquiries as may seem necessary.

Having thus secured the needful information upon which to base a prescription, we now address ourselves to the selection of the remedy. And let me just here make a strong plea for the single remedy. I know how common a practice it is to alternate, I acknowledge how difficult it is to break up that habit when once formed, but it seems to me that it is a duty to ourselves and to our patients to eschew it as much as possible. I think we will all acknowledge that we alternate from indecision, because we can not quite make up our mind as to which is the true remedy, and so we give two. But this is sheer guesswork, and very harmful guesswork. It teaches the doctor nothing even though the patient gets well—I hardly like to say cured; and I firmly believe that the patient is *never* cured by the quickest, surest, and most efficacious manner when alternation is employed. Besides this, we owe it to ourselves and to those who entrust themselves to our professional acumen to learn something from every case. Each case for which we prescribe should be a lesson to us, should make us a closer and better prescriber, and a

more competent observer ; but this it can not do unless the present prescription is based upon tangible grounds, and we can give a definite reason therefor.

I am no stickler for potency : they are all the same to me, and I use high and low as the occasion or convenience may seem to require ; but my experience has led me to the firm belief, a belief which but goes on increasing in strength year by year, that the further away we get from the crude drug the more quickly, accurately and satisfactorily does the therapeutic power of the remedy make itself manifest. I do not say that this is a universal rule, but only a general one. Remedies in the lowest potencies sometimes act with a celerity and precision which leave nothing to be desired. As for instance about ten days ago I was called to see a little child, about ten or eleven months old, ill from the effects of heat. I found it very languid but fretful, with pale face, sunken eyes surrounded by wide blue circles, great thirst, and heightened temperature. The stools were very peculiar. They consisted of a large quantity of nearly colorless water, which seemed to replace the urine which was suppressed. With this watery discharge was a papescent stool, so solid that it could have been held in the hand, remaining in one mass like great curds, green in color, and perfectly odorless. An odorless diarrhœa is a very rare one, and was especially remarkable in this case as the child when in health has stools of more than ordinary pungency. Very few drugs have an odorless diarrhœa. I know only of five : *rhus toxicodendron*, *hyosciamus*, *paullinia*, *asarum*, and *æthusa*—I believe that's all. But the *æthusa* diarrhœa when inodorous consists of greenish mucus and is always associated with a characteristic forcible vomiting of milk soon after it has been swallowed ; the milk pours out as if from a fountain. This condition I have verified many times, but *æthusa* was not at all in-

dicated in this case. *Asarum* is rather a remedy for debilitated adults than for children ; its odorless diarrhœa is not green. *Rhus* has an odorless, *bloody*, watery stool, and *hyosciamus* an involuntary, odorless, *yellow*, watery one. *Paullinia* alone has an odorless, green stool like the case in hand, and there could be no mistake as to the remedy. I use *paullinia* so rarely that I always make up whatever dilution I may want at the time, from the tincture. I, therefore, returned to my office, on the next block, and prepared the third decimal dilution. Of this I gave twenty drops in half a goblet of water, a teaspoonful every hour for three hours, and then a dose after each stool. The child had been growing steadily worse for two days or more, had really been ill for four or five days, and at the time I was called was having a passage from the bowels as often as every two hours, yet it took in all but four doses of the medicine, so quickly was its curative effect made manifest.

This was a case in which no one could err as to the proper remedy.

Unfortunately most of our cases are not so clear, and often we are called upon to prescribe for some sudden emergency for which we are not prepared. About four years ago, I think it was in April or May, there was quite a smallpox scare in Jersey City. A number of cases occurred in quick succession and much excitement ensued. Well, to one of those houses in which there was smallpox went, from New York, a lady with her little child to pay a visit. As soon as she learned of the presence of the disease she beat a hasty retreat, and returning to New York, she came at once to my office to have the child vaccinated. This I declined to do, as I do not vaccinate, and I counseled her against it. Later in the day other advice prevailed, and the child was vaccinated by another physician. The vaccine took but failed for some reason not known to me to run its normal course, a reddish tubercle developing upon the seat of the inocula-

tion ; from this, later, there oozed a sticky fluid, which saturated through the sleeve of the child's night dress. One night the child in its restlessness threw its arm over its mother's face as they were sleeping side by side, and the wet sleeve struck the mother's lower lip. The next morning the lip was swollen and painful, and the mother obtained, in the course of the day, from a druggist near by, a lotion ; he informed her that the swelling was nothing to worry about. The next morning, however, she found herself unable to open her mouth, and I was called in haste about nine o'clock. I found the lip swollen to an incredible extent. The vermilion border was at least two inches thick, and touched the lower border of the chin. It would seem impossible that a lip could swell so without bursting open. The glands under the chin and along the under part of the jaw were swollen and indurated, and all the muscular tissue was hardened so that the jaw was immovable. One of the front teeth being missing I managed to force a quill into her mouth, through which she could painfully suck a few drops of water ; she had eaten nothing for nearly forty hours, and drank nothing for about eighteen—and was parched with thirst. I gave her arsenicum six. There's where I was a fool. I was at a loss to know the right remedy, and I was too cowardly to give nothing at all. I had never seen such a case, and I ought to have known better than to hazard any thing on a guess. However, I went home and studied the case thoroughly, coming to the conclusion that *silicea* was the remedy.

I returned in about two hours and found that the swelling had manifestly extended toward the eye and ear and down the neck since my first visit. I now gave *silicea* (Carroll Dunham's 200) in water, of which she managed to take a few drops through the quill. I saw her again at six o'clock that evening. I imagined there was a slight decrease in the iron-like hardness of the cheeks, but the

only absolute assurance that I could give was that the swelling had not extended since noon. The next morning a very satisfactory improvement was manifest. She could drink milk, or other fluid, through the quill with freedom and ease. The upper portion of the cheeks and the tissues under the chin were softening nicely. From that time on the case progressed to my satisfaction. About the sixth day, a large, thick crust, the entire width of the lip, sloughed off, leaving healthy tissue underneath, and in about ten days she was quite recovered. I am sorry to say I never received adequate acknowledgment or compensation for the case. When first called, to calm her alarm, I said there was no danger, that she would be all right in a few days, so when she did recover, she quite took me at my word, and never realized how near she was to death's door that bright Spring morning.

The importance of preserving a careful record of all cases, a record made at the time and as far as possible in the exact language of the patient, is not appreciated as it deserves to be ; or, at least, if appreciated is not acted upon, which amounts to the same thing. And yet I know of nothing that is more educative, or that will so enable a practitioner to avail himself of his own experience, than this. It is a rare mind that can carry the details of a case on from day to day, that can remember just why each remedy was given, and that can afterwards present it in such a cogent shape as to be instructive to his fellow practitioners. In the most ordinary, humdrum practice there are continually occurring cases which, if properly recorded and reported, would add essential items to the general knowledge. It is as plainly our duty to advance the knowledge of the healing art by contributions to current literature, as it is to cure our patients ; and it is a duty from which no man can rightly excuse himself. I understand how much there is in the

facility of habit, and to one who is unaccustomed to write, it seems an onerous task, but elegance of style is unessential, and any one can tell why he gave such and such a remedy, what the conditions were that made it, and it only, the right remedy, and the result of its administration, provided he has an accurate record at his elbow from which to quote. Specialists all find such a record of essential service, and so would the general practitioner; and, although I recognize how difficult it is to form a new habit, I feel I would fail in the privilege I have in thus addressing you if I did not thus earnestly urge upon you its adoption, both for your own growth in knowledge and your consequent greater skill in the practice of your noble art, and, furthermore, for the skill it will give you in imparting that knowledge to your fellows.

In conclusion, let me again express the great pleasure I have in thus being privileged to make your personal acquaintance, and to thank you for the kindness with which you have received me.

DR. GEO. B. PECK:—We are glad to welcome to-day, to our assemblage, representatives of a sister society. One of them has been so long identified with its interests, and has performed such important services to the cause, that his name is almost a synonym for Massachusetts homœopathy; at least the slightest reference to the profession of that state is sufficient to bring him first to mind. Remembering that, as usual, he attended the recent session of the American Institute, I will venture, though two of our own members were also present, to call upon him for a brief report concerning the St. Louis meeting, and afterward to address us on such topics as seem to him good. I have the honor to introduce I. T. Talbot, M. D., Dean of the Boston University School of Medicine.

PROF. TALBOT:—I have attended so many of your meetings that I already feel as if I was one of you. In regard

to the recent meeting of the American Institute, at St. Louis, it seemed to me that there was a very unusual and really disgraceful amount of "politics" in the distribution of offices. I believe that, unless the members counsel together, and put a stop to this wire-pulling and log-rolling, this "you vote for me this year and I'll vote for you next" spirit, the Institute will be permanently disabled. The meeting was well attended, but not so largely as some of the former ones. The place of meeting was unfortunate in many respects, but next year, at Saratoga, the annoyances which hindered the action of the convention will not afflict us. The character of the reports and papers this year was very good, but the best manner of conducting the various bureaus has not yet been solved. The power of such an organization to harmonize and bind together the physicians of our school, is very great, can not be overstated, and I hope that this society will be fully and efficiently represented at the Saratoga meeting next year.

I have been very greatly interested in the remarks of Dr. Winterburn. What he says in regard to the taking of the case is all true, but I can not indorse the idea of listening to all the diffuse and aimless talk of a loquacious patient. Some patients are not satisfied until they have exhausted every subject under the sun, all the ailments of their ancestors, and every sickness they themselves have had. With such, I believe in making short work. One would never get round to the rest of one's patients if they allowed themselves to be hampered by the whims of such patients.

The necessity and desirability of keeping records of all important cases I fully indorse. It is a great help to the doctor in many ways to be able to recall the particulars of past treatment of cases.

DR. GEO. B. PECK:—A quarter century has rolled away since last I delved among the classics, so it can hardly be expected that I should be

able without consulting the authorities at once to delineate all the delicate correspondence between modern life and ancient history, yet I could not fail to be impressed, while sitting here, that the modern Athens, the Hub of the Universe, possesses also a Trimvirate whose reputation and whose power is acknowledged wherever the law of cure is known. It affords me great pleasure to introduce one of that illustrious brotherhood, Walter Wesselhœft, M.D., Professor of Obstetrics in the Boston University.

PROF. WALTER WESSELHŒFT :—I find myself agreeing with both speakers. I feel strongly impressed by Dr. Winterburn's address and believe that it has touched upon the weightiest of practical questions before our school. At the same time I admit the justness of Dr. Talbot's criticism. It is impossible to accept into our records or the summaries of our examinations all that our patients volunteer in the way of information concerning their cases, their interpretation of symptoms and explanation of their ailments. We can not be too cautious about what we admit or reject in making up our records. In fact the art of making a thorough examination of a case and of recording it, is one of the most difficult of all the arts we have to learn, and if it rested with me I would have this art taught in all our schools, and its acquisition made one of the foremost requisites for a degree. To examine a patient in such a way as to elicit from him what he is competent to tell, to supplement and complete this by a minute and thorough objective and subjective investigation, not only as is done in the old school to satisfy our consciences as diagnosticians, but to find the therapeutic application, is, I fear, a lost art among too many of us. And yet it is the one of all others upon which we must depend for success and which must be cultivated with the utmost zeal unless we are ready to go under in the struggle for scientific excellence. What I would urge upon our younger colleagues more especially and what I

believe would, more than any other thing, aid our journals and every individual practitioner as well, is the keeping of accurate journals and records of every case treated. I believe it to be true that no physician who has not kept a detailed record of his cases, one that admits of easy reference and enables a ready review of the pathology and therapeutics of every important case, is prepared to form, much less to express, an opinion on the practical questions which call most urgently for answers from us as therapeutists. Not one in many thousands is gifted with the memory to retain all the important facts with which he meets, and very few are trained observers who can at a glance distinguish that which is essential from that which is not. That power of analysis and discrimination comes with time and close application. With a full and accurate record of years of experience a man can say that a remedy has been instrumental in effecting the cure of a given case; without it he can only state a vague impression having neither scientific nor practical value.

DR. GEO. B. PECK :—Almost exactly thirty years ago this society held a meeting at the office of the late Dr. Ira Barrows. Six members were then present. Three at least of that number have passed beyond the veil; one resides in the city, a staunch homœopathist though not at present enrolled with us; another is present to-day and I know we should all be glad to hear from his own lips whether he cured that case of chorea which he reported as being under his supervision at that time. Our ever welcome friend, Dr. E. U. Jones, of Taunton, will tell us all about it.

DR. E. U. JONES :—I have full notes of that case any way. When you were speaking I asked Dr. Talbot whom you were referring to, nor could he give me any light. You seem to know more about me than I do myself. At least I cannot now, away from my note-books, give you any information as to that case.

I have been very much interested

in the remarks of Dr. Winterburn concerning the mode of the selection of the remedy. We have all of us, undoubtedly, been very much puzzled at times to meet the presented indications with the appropriate remedy, often supposing that we have a "key-note" which shall be infallible, and as often finding it fail. We have heard a great deal this afternoon about the doctor's ears--about what he hears, but it seems to me the doctor's eyes are of equal importance, and I would like to emphasize the importance of the doctor using his eyes as a means of diagnosis as well as his ears: he will learn quite as much by the one as he will from the other. I have received a great deal of assistance in diagnosis, and hence in the selection of the medicament, from the objective symptoms. Many of these objective symptoms are incompatible with the subjective ones, as detailed by the patient, and often they are strongly corroborative of them. But in either case they are oftentimes the deciders of the diagnosis. With the objectives of the pulse and tongue we all make ourselves perfectly familiar; in the objectives of the stool and urine experience teaches us many things. But the carriage of the head; the vision and oscillation of the eye, the color of the complexion, the mode of speech, the character of the respiration as the patient quietly sits before you, the manner of sitting, of standing, of movement etc., etc., and sometimes a concealed objective stumbled upon, or revealed by accident, will occasionally determine your diagnosis, and with it the class of remedies from which you are to choose the curative one. What one observes in this way will seldom be found in connection with the pathogenesis of medicines, but, as a general rule when so found they are of but little moment, and hence can not be relied upon in the selection of the single remedy. But they often are of inestimable advantage in the selection of the *class* of remedies to which attention may profitably be turned. As

instances illustrative I will give two cases:

An apparently strong, healthy, though rather thin chested man came in with a cough of many months' duration, and as he came of phthisical parentage on one side of the house, he and all his family were convinced that he was fast going into consumption. His cough was constant, irritative, and the sputa frequent, whitish, inclined to yellow. A thorough examination of the lungs showed no traces of disease, and the cause of the cough was a mystery to me till an examination of the throat showed a greatly elongated uvula. I assured him a complete cure. But instead of the scissors I gave him belladonna. What for? The cough nor the sputa were belladonna, but certain other conditions besides the elongated uvula were. In ten days the cure was complete.

A lady had cough with expectoration, for which she had taken much medicine, and which had lasted many months. Examination of the lungs, throat, larynx threw no light upon the cause, as they were all sound. I told her that I did not know what the matter was, but, as she would not leave without some medicine, I selected from the symptoms as well as possible. There was no relief, nor was there from two following prescriptions. At the next succeeding visit I accidentally pressed the last cervical vertebra, and a cough, *the cough*, immediately ensued. Several pressures, at intervals of a minute, confirmed the fact. Then I said to my patient, I can cure you. One prescription of nux 6 was all that was needed. None of the subjective symptoms had led me to nux, nor were they likely so to do, not that there were not nux symptoms, but that my seeking had been led to the phosphorus and stannum group. Again I would say, that the main use of objective symptoms is as aids to the diagnosis, and as directors to the *class* of remedies to be studied.

At the conclusion of Dr. Jones's remarks, the association and its guests

adjourned to the pavilion, where a generous clam-bake awaited their attention.

EXPERIENCE WITH ADONIS, IN ORGANIC DISEASE OF THE HEART.

BY

E. M. HALE, M. D.,

Chicago.

A few months ago I had a brief communication on adonis vernalis, in the AMERICAN HOMŒOPATHIST.

A short time since I was gratified to receive a note from Dr. Geo. E. Gorham, of Albany, N. Y., giving his clinical experience with this new remedy. The following is an outline of his case. "Mrs. D. had suffered since eleven years ago with 'shortness of breath.' At that date she had an attack of inflammatory rheumatism leaving a valvular lesion: a distinct blowing sound being heard at the base of the heart.

"Three weeks ago she was attacked with acute rheumatic endocarditis, for which I gave her at different times aconite, bryonia, digitalis and colchicum, without marked benefit.

"A week ago I gave my opinion that she could not live twelve hours. Two of our best physicians in consultation concurred in this opinion.

"At this time her symptoms were: respiration, 65; pulse could not be counted; there would be several wave-like tremblings under the finger, then one beat; feet and hands bloated, face cyanotic, urine suppressed. She seemed dying.

"At this juncture, 9 P. M., she was given gtt. 3 fl. ext. adonis, in water, every 2 hours. At 8 o'clock, the next morning, I was informed that she was better. I found her, at 11 A. M., breathing easier, with stronger pulse.

"Rapid improvement followed, until she had a pulse of 70, full and steady.

"During the administration of the drug, a severe irritation of the bladder was complained of: frequent and painful urination, with mucus and streaks of blood in the urine, symptoms the patient never had before."

This is certainly a brilliant illustration of the power of the drug. I have had several similar cases, with similar good results from adonis. The bladder symptoms may have been a pathogenetic effect, but I have never observed them.

Dr. Gorham promises to make a proving.

SEPIA.

BY

PROF. A. C. COWPERTHWAIT, M. D.,

Iowa City.

(Read before the Iowa Homœopathic Society.)

This is one of the most valuable, and at the same time most neglected, remedies of our materia medica. The preparation used is made from the blackish brown fluid contained in the pouch of the cuttlefish. It is considered by many to be an inert substance; yet such an idea can only arise from ignorance of the true nature of the cuttlefish poison. The very fact that this poison will benumb and poison small fish, is sufficient evidence of its possible pathogenetic power. According to Hahnemann the first proving was made by an artist. It was his custom to moisten his brush with his lips, and in so doing he had slowly, but surely, poisoned himself with this substance, which he, as other artists do, was using in its dried state. His symptoms were all recorded by Hahnemann, and subsequently confirmed by provings and cures. Very valuable provings were made by the American Institute of Homœopathy in 1874, but, as is so often the case with re-provings of Hahnemann's drugs, they were only valuable because they confirmed those which Hahnemann had previously made. Outside of homœopathic provings we know little of the action of sepia, its powers being ignored by the dominant school of medicine. It is, however, a curious fact that broths and other preparations made from the mollusk itself, were used by the ancients in many

affections of the generative organs, of the urine, and of the skin, in which homœopathy has since found the juice so remarkably curative. Sepia acts upon the vital forces, as well as upon the organic substances of the body. The primary action is upon the nervous system, first affecting the circulation. The condition produced is of erethism, producing hot flushes, followed by sweat and a weak, faint feeling, the prover being at the same time restless and anxious. Vascular energy is diminished, so that there is a reduction in the temperature, and a condition of subjective and objective venosity is present. There are passive congestions, palpitation and pulsations felt over the whole body. These phenomena are all the result of nervous erethism, which sometimes goes still further and produces hysterical phenomena, even to feebly pronounced spasms.

The action of sepia is sluggish, and its pains and isolated symptoms feebly pronounced, the general condition being one of torpidity and depression. The sensations are rarely of pain, but generally a feeling of weakness, apathy and lassitude. From the primary nervous disturbance arise various functional disorders, especially of the portal, hepatic and the female sexual systems, the tendency being continually toward the diminution of the reproductive energies of the vegetative sphere. The functions of the liver are not greatly disturbed, but the secretions are altered, becoming sour and foul, as is the case with all the secretions of the body under the influence of the drug. The texture of the liver may become changed, as is manifested by a disturbed state of the circulation, which results in numerous stages. The complexion is altered, the skin becomes yellow and earthy, there is puffiness of the soft parts, but no emaciation; this appears later—first an increase of the fatty tissue, then laxity and flaccidity, and lastly emaciation. The irritation of the skin, showing itself in red spots, with yellow *ascolæ*, also proclaims the disturbed

state of the liver, as does also the mental depression, sadness and irritability which prevails. From these pathogenetic conditions we have learned to rely upon sepia in affections of the digestive system and the liver, when characterized by sour and putrid formations, manifested by eructations and habitual flatulence and disturbed digestion.

Sepia has its most important action upon the sexual system of the female, and is not to be overlooked in reference to the male. In the latter the sexual system becomes enfeebled, manifested by erethism—an increase of sexual instinct, and at the same time a loss of sexual power. Hence we also have rapid emissions, followed by great exhaustion and apathy after coition, and nocturnal emissions, followed by great weakness. In the female the menses are scanty or suppressed, or else occur too early. During the suppression of the menses there is mental depression and apathy. The physiological connection between the uterus and *mammæ* is here manifested by the emaciation and flaccidity of the latter, and the swelling and ulceration of the nipples. In the sexual sphere, as elsewhere, there is a marked relaxation of tissue and atony. In addition to the sensations of languor and debility, the prover complains that the viscera drag downwards, giving rise to the characteristic symptom of sepia—"sensation as if every thing would come out of the vagina; she has to cross her limbs to prevent it." Here also originates the well known characteristic of "gone, faint feeling in pit of stomach and abdomen." In the American provings before mentioned, the above symptoms were so constantly present in the women provers, that systematic local examinations were made, and which resulted in finding uterine leucorrhœa in almost every instance, and in one case the speculum revealed prolapsus, retroversion and ulceration of the os. The uterus becomes heavy from the venous congestion which occurs, and is dragged out of place, and the neck

sympathizing, becomes indurated, sore and covered with a granulating surface. It is not at all unreasonable then to expect uterine displacements, resulting from venous engorgement, to be cured by *sepia* without any mechanical interference. The * late Mercy B. Jackson, M. D., of Boston, who was one of our most reliable and observing women practitioners, gives us some valuable points in connection with this action of *sepia*. Her first trial was in her own case. When suffering from prolapsus she seemed to feel the medicine raising the womb into position, which it did without her aid. She afterward found it equally beneficial in the permanent cure of anteversion and retroversion—in recent cases not even manipulation being required. She stated that sudden attacks of prostration and sinking weakness, like fainting, are characteristics of *sepia* in such cases. This remarkable experience has been confirmed by Dr. Dunham, and others of our most reliable practitioners. My own experience is that *sepia* is our most valuable remedy in the treatment of uterine leucorrhœa, especially when there is venous congestion, and the characteristic faint, gone feeling is present. *Sepia* is also useful in chronic induration of the cervix; laxity and flaccidity of the organs; amenorrhœa, dysmenorrhœa, sterility, habitual abortions, and it is said to remove mucous polypi. *Sepia* is also useful in nervous affections, resulting from affections of the abdominal organs and uterus; hence melancholia and hysteria, nervous toothache during pregnancy and at the climacteric period, and spinal irritation. It is also useful in lung and heart affections dependent upon abdominal or uterine disease. The limits of this paper will not admit a further analysis of the therapeutic relations of this drug, neither can we attempt to enumerate the many symptoms, upon which its proper application often depends. We should, however, not forget the important modality, “better from violent exercise, especi-

ally if out of doors, but worse from horseback riding, and from the motion of a carriage, swing or ship.” Exercise stimulates the tardy veins, and so hurries on the offending blood, but horseback riding jars the body, and a congested part is always sensitive. The motion of a carriage, swing or ship tends to increase the venous congestions, especially about the brain, and so causes the aggravation.

Sepia is especially applicable to females, and particularly during the climacteric period; in women who were formerly excitable; after long continued depressing mental affections, or great bodily or mental labor. *Sepia* is sometimes applicable to the male sex, especially to the woman-like, soft tissue men, who were formerly of a fiery temperament, but who have become subdued, and have settled down into a sedentary, meditative mode of life. The *sepia* patient, as a rule, is good-natured, but easily excited, and has an unmistakable aspect, a peculiar yellow-puffy complexion, and rather fat, the tissues being soft and flaccid. My own experience is that *sepia* acts better in a comparatively high potency. At all events, I have used it a great deal, with excellent results, and never prescribed it lower than the 30th, nor do I keep a lower potency in my office.

MENSTRUAL RETENTION FROM IMPERFORATE HYMEN.

BY

M. B. BROWN, M.D.,

New York.

I will not recite the history of this case on account of its being in any great degree extraordinary, although cases of this kind are not of every day occurrence, but to show that the method of relieving the patient was safe, speedy and without any of the formidable results said to be apt to follow operative procedures in cases of this kind. Eminent authorities have said: “In these cases of menstrual retention, the difficulty

is not in affording relief to the patient and giving an outlet to the pent-up menstrual fluid, but in preventing the death of the patient from the operation." Again, a well-known gynecologist of this city has said: "All writers agree as to the danger attending a long retention of the menstrual fluid, and are equally in accord as to the risk to life for the woman from any procedure instituted for the purpose of evacuating the contents of the distended uterus."

The fatal results which have followed operations in these cases have been from the admission of air into the uterine cavity, producing decomposition of blood and pyæmia and peritonitis, from the fluid being forced by uterine contraction through the fallopian tubes into the abdominal cavity.

From the likelihood of the occurrence of either of these formidable complications the plan of treatment to be adopted is of great importance. The history of the case that came under my care is as follows: Maria J., age 17, was brought by her mother during the past winter. The object of the visit was to consult me about a tumor, which the girl said she had had for a long time. When asked what made her think she had a tumor, she said "she could see it." Her other symptoms were frequent and severe headaches, from which she had suffered for a year and a half, and almost constant pain in her limbs. From being plump she had grown thin, and evinced symptoms of chlorosis.

There had been no visible attempt at puberty. By inspection of the external parts between the labia, which were rudimentary, I found an elastic tumor as large as a small apple, and of a dark purple color. The fundus of the distended uterus could be felt on a level with the umbilicus, and with downward pressure upon the abdomen the fluid could be made appreciable to the hand placed over the tumor.

On rectal exploration a very evident fluctuation was recognized which showed the presence of fluid in the vagina. At each menstrual period she had colic and bearing down pains with an aggravation of the headache. The nature of the case was explained to the mother and a time appointed for operating. After evacuating the contents of the rectum and bladder, the patient was placed on her back with the shoulders elevated and the thighs flexed. Two hypodermic injections of a four per cent. solution of cocaine were given at two different points over the site of the tumor and opposite the line marked out for the incision. After an interval of a few minutes a longitudinal incision was made with a sharp-pointed bistoury, in the center of the tumor, and there flowed out a considerable quantity of thick black blood. The flow then ceased, giving the impression that the accumulation had all been expelled. But on passing in the index finger through the opening made, which was about three quarters of an inch long, a second membrane was encountered about two inches from the external one. This membrane presented a very small circular aperture, and it was through this small opening that a portion of the fluid had passed and was the quantity evacuated after the first incision. Introducing the index finger of the left hand, and with a pair of blunt pointed scissors in the right, two incisions were made in this second membrane. On withdrawal of the finger another large quantity of the fluid was poured out. As it ceased flowing the patient was advised to cough at short intervals, expelling the remainder guttatim. Thirty-six ounces were thrown out when the cavity of the uterus was washed out with warm water until it returned clear. The os uteri was found dilated to the size of a silver ten cent piece, and the cervix was completely obliterated. A closely-fitting hollow glass plug two inches and a half long and three-quarters o

an inch in diameter was inserted and retained in situ by a perineal band. The patient was placed in bed and kept there for eight days. The daily washing out of the vagina with warm water and calendula was the only treatment aside from a few doses of arnica. The uterus contracted gradually, and at no time did she have any pain or fever. She was operated upon February 15th, and March 17th she menstruated naturally. She received some little constitutional treatment, and soon began to look rosy and gain in flesh. As we had no data to determine the time at which menstruation began, it was impossible to tell, with any accuracy, for how long a period the uterus had been called upon to tolerate this foreign matter. But it was supposed from the quantity and the length of disturbance in the patient's health, to have been at least a year and a half.

The mode of treatment adopted in this case, the evacuation of the whole quantity of fluid at once, I know, is not the accepted one. In fact, almost if not all the older writers, advise that the expelling of the fluid be spread over as long a period as possible, and only a small quantity allowed to escape at once, in order that the uterine fibres may gradually return to their proper size. Some of them also advise the wearing of a bandage and compress during the time occupied in emptying the uterus.

To my mind the danger to the patient by blood poison from the slow operation is much greater than peritonitis is, on the other hand, from rapid evacuation. In regard to the bandage and compress, I would add, that at no time should the slightest pressure be made over the hypogastrium, for a better method of forcing the fluid into the abdominal cavity could not be devised.

Dr. E. P. Gregory, of Waterbury, Conn., reports a case of umbilical hæmorrhage promptly arrested by *crotalus* 200, after other remedies and means had failed.

A FURTHER STUDY OF THE PRO- VINGS OF ALETRIS FARINOSA WITH COMPARISONS.

BY

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New York.

[Continued from page 173.]

The primary action of aletris is to produce constipation, and as I called attention to the fact in the April number of "THE AMERICAN HOMŒOPATHIST," that although the stools were hard and a long time forming they were very small in diameter. Several remedies, of which *bryonia* and *nux vomica* are the most prominent, have constipation with very difficult stools, the stool being very hard. There is also another class of remedies, numbering less than the former, of which the most prominent are *magnesia mur.*, *plumbum*, and *verbasum*, having scanty, difficult stool, but they are so hard they are brittle and crumble, while the aletris stool is long, slim, and tough, hanging together. The only remedy I know of that has a stool similar to aletris is *phosphorus*, which according to Hering, has "constipation, fæces slender, long, dry, tough, and hard, like a dog's; voided with difficulty." This describes the aletris stool and to distinguish which remedy is indicated the accompanying symptoms will have to be considered.

As has been before stated there are three symptoms which when taken together should according to the provings indicate aletris; first, the colic located principally in the lower part of the abdomen; second, this colic is partially relieved by passing wind per anum, and completely by a diarrhœic stool; third, the diarrhœic stool is very scanty with a bad odor. I think in this particular aletris stands alone, for with diligent searching I have not been able to find any one remedy that has these three symptoms combined.

Aletris has a decided action on both ovaries. The symptom which occurred in the right hypogastrium as if the hand was clutched hold of something inside, and was tearing it

out, coming on very sudden and severe, lasting for two minutes, when a pain ran from it down into the right thigh, taken in full, has no parallel, that I have been able to find. Belladonna has colic as if a spot in the abdomen was seized with the nails, a griping, clutching, clawing, but this sensation does not necessarily occur in the ovarian region. Ipecac has griping as if each finger of the hand was pressing into the intestines, but both ipecac and belladonna lack the sensation as if the hand after it was clutched hold of something was tearing it out. Apis has a sharp, cutting, lancinating pain in right ovarian region, extending down to the thigh. Bryonia has severe pain in region of right ovary, like from a sore spot, causing an irritation and dragging, the pain extending down to the thighs while at rest; but the painful part is very sore, aggravated by the least touch. Cactus grand. has pain extending from the ovary down to the thigh, returning periodically each day; but the pain in the ovarian region is pulsating. Sepia has a severe pain in the sacrum, passing forward and down to the right knee; but the whole pain is relieved by pressing against something hard. The pain in the pelvis is relieved by crossing the limbs, while that of the knee was much aggravated. Aletris seems to have an action on the left mamma; it produced a sharp pain running from the left breast through to the lower part of left scapula. Croton tiglium: breasts are hard and swollen, with pain from nipple to scapula. With the latter the nipple is very sore and the pain radiates from it, while with aletris it is not at all effected, the pain running from the gland substance. Lillium tigrinum has cutting in left breast through to scapula, sighing, short breathing.

The pain of aletris is not accompanied with sighing, nor shortness of breath, and it should be remembered the pain goes to the extreme lower point of the scapula. There is an action on the muscles of the neck,

particularly the sterno-cleido-mastoid; pain would commence back of right ear and run down the sterno-mastoid muscle. This pain, as with all the muscular pains of the neck, was made worse by any movement of the head that would put them on a stretch. With argentum met. the sterno-mastoid muscles hurt when stretched by turning the head, but only hurt when stretched, while with aletris the pain is continuous, but is made worse when stretched.

The characteristic sleeplessness of aletris has been given in the April number of THE HOMŒOPATHIST; the provers could not get asleep the first part of the night, but would toss about in bed. At the same time the mind was shifting from one subject to another. About midnight they would catch short naps, which were interrupted by spells of the same restlessness until toward morning, when they could sleep undisturbed. Mercurius protoid. patient has sleeplessness, not being able to sleep until 1 A.M., but it lacks the peculiar restlessness of aletris. With valerian the patient is sleepless, restless, tossing about before 12 P.M., after which time they sleep well; the valerian patient lacks the peculiarity of the aletris, when first beginning to sleep wakes often, but when once sound asleep continues so until morning.

A few words more regarding the differentiation of aletris from other drugs. Those who have used it clinically for some time claim that its action is very much more marked on a weak, anæmic patient than on a plethoric one; if this be so it can be easily distinguished from a large class of remedies which it resembles in different parts of the provings. It will be perceived by one who has followed the study of aletris, that although the provings are fragmentary and incomplete, it has a distinct sphere of action of its own, and we leave the subject here, hoping that our journals in the near future will contain large and interesting reports of clinical experience, which will supply the mis-

sing link, and establish it in the exact place in therapeutics where it belongs.

Case reported by Dr. W. H. Bleeker : In Feb., 1885, I was called to see Mrs. H., aged 38, who expected to be confined in May. She had given birth to eleven living children, and had suffered from varicose veins in the right leg (long saphenous vein), with the nine last pregnancies. About 24 hours after her second child was born a severe cramping neuralgic pain started at the inner margin of the tibia of the right leg, in the region of the long saphenous vein, about two inches above the inner malleolus, and occupied a space of about two inches square. Cloths wet in boiling water were applied, by direction of Dr. V., but felt like ice to the painful spot, and the pain then spread along the tibia to the knee.

Dr. V. gave her opium, but the pain lasted between three and four hours. When Mrs. H. again became pregnant she was living in the country, and the varicose veins began to show themselves, and caused neuralgic pains, and a "give out" feeling in that leg when walking, which caused her to take frequent rests when going any short distance. Dr. B. was called in and delivered the third child. About 24 hours after delivery the pain came on again, and chloroform liniment was prescribed for bathing the limb, but the pain was as troublesome and lasted as long as before. Dr. B. attended her in her third, fourth, and fifth confinements with the same results. Mr. H. desiring a change, Dr. L. was called in for the next three confinements, but with no better results, the pain not being relieved until it had worn itself out. Her husband now moved his family to St. Louis, where Mrs. H. was attended by Dr. H. in her ninth confinement. The pain again put in its appearance, and remained the usual length of time; the varicose veins having been more troublesome than ever. The

physicians who had hitherto attended Mrs. H. were allopathists, three of them graduates of Bellevue Hospital College, and as they had been unable to afford her relief from the pain in her right leg, her husband concluded to try homœopathy in her next confinement. Having moved back to the east, Dr. Mc C. was called in and attended her in her tenth and eleventh confinement, but was unable to allay the pain in her leg or relieve the varicose veins. I concluded to call Dr. W. H. King in consultation, and he advised one-drop doses of hamamelis tincture morning and night, and bathing the veins with diluted witch hazel (two teaspoonfuls to a half pint of warm water), which treatment was continued until day of delivery. The veins decreased in size, and were not troublesome to her after the beginning of the treatment. The delivery occurred on May 21.

The placenta was, Dr. King said, the largest he ever saw. The flow was of bright-red blood, quite copious, with pains running down the thighs. Dr. King advised sabina. The next day (12th), the hemorrhage had entirely ceased, but the pains running down the right thigh were only slightly better.

The same remedy was continued, at longer intervals. May 13, pains in thigh slightly better, and the general condition much improved. I continued with sabina. On visiting my patient May 14, I found that on the previous night the pains in the thigh had become much worse. They would commence in the right hypogastrium with a clutching, clawing, griping pain; would from there shoot down the thigh. The pain was so severe that it was almost unbearable. She informed me she had had the same pain, only not so severe, following her last three or four confinements, and although efforts had been made to stop them, they had continued for two weeks before disappearing. On consulting Dr. King, he advised me to prescribe aletris, fifteen drops of the tincture in a half a

glass of water, and give a teaspoonful every half hour for three hours, and then every hour. The first dose was administered at 3 P. M. At 5 P. M. she was much relieved, and by night was so much relieved that she slept well, and by morning it had entirely disappeared, and did not return.

On the tenth day I found her up and dressed, smiling and happy. She did not experience any bearing down in the hypogastrium as she had in all her previous confinements. I may also add that she experienced no pain whatever about the internal malleolus, as she had previously, and is now, June 3, in better condition physically than ever before.

THE SYMPTOMS OF PERI-UTERINE CELLULITIS.

BY

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The symptoms of peri-uterine cellulitis will vary according to the causation of the attack. In the acute form we have a distinct chill or rigor, high temperature, ranging from 103° to 104° F., pulse from 110 to 140, full and bounding; skin hot, countenance flushed, presenting an anxious expression; pain, with extreme tenderness in the hypogastric and inguinal regions; dysuria, sometimes associated with nausea, vomiting and metorrhagia. These symptoms are also accompanied in different subjects with other manifestations, such as bearing down pain, vesical tenesmus, scanty urine, with lithates and mucus. Night sweating or when awakening from sleep, is another characteristic symptom. Menorrhagia, while not a pathognomonic sign, is always associated with this disease. Practitioners are often deceived by the menstrual flow brought on by mechanical irritation.

When this disease assumes a chronic form, it is usually ushered in with general *malaise*. The patient

feels depressed, loses her appetite, is nervous and feverish every evening. She is, as yet, not cognizant of any particular pain, but has an anxious dread, as if something was wrong about the uterus. At times she will describe the feeling as pulsating and throbbing in character. When she does have pain it is usually periodic, returning with surprising regularity, with occasionally severe nightly exacerbations. These symptoms are usually increased by a movement of the bowels, micturition, or walking. Constipation or difficult defecation may alternate with dysenteric diarrhœa—accompanied with a great deal of tenesmus.

The physician who depends upon subjective symptoms alone, and who is satisfied with those, to establish a diagnosis, will often be led astray. Usually the primary symptoms are sufficient to prompt a physical exploration to determine with certainty the character of the disease. The condition of the parts presented will depend upon the different stages of the disease. Should an examination be made during the first stage, there will generally be found increased heat, a puffy condition of mucus membrane of the vagina, with extreme sensitiveness, with usually evidence of some local swelling or œdematous spots, which presents to the finger a soft and elastic feeling.

Owing to the short duration of the first stage of this disease, the physician is not prompted to seek an examination, but when he does investigate the condition, he will find the parts presenting a hard and infiltrated substance, usually occupying the anterior portion of the vagina, and may be detected in one or both of the broad ligaments or in Douglas' cul-de-sac, merging, as it were, into the surrounding tissues. An examination, per vagina, will not always accomplish what we desire, and it often requires the most diligent and scrutinizing attention in the examination. Bimanual manipulation should always be resorted to with care and yet with

sufficient thoroughness to inform the physician of the exact condition of the invaded tissues. With the finger in the vagina, which will often be found narrowed and distorted by the lymphatic deposit, the other hand carefully placed over the abdomen, conjoined manipulation must be done with great care. An investigation should be extended to enable the physician to determine to what extent the tissues about the cervix over the base of the bladder and the broad ligaments are involved, also to determine the displacement that is due to the amount of effusion. When the effusion is general the uterus will be found fixed in the center of the pelvis or on a lower level than is natural; it may be crowded over to either side or forced back into the hollow of the sacrum, more rarely forced upward and forward under the arch of the pubes, creating a great deal of disturbance of the bladder.

Exploration per rectum, at times, will prove of valuable assistance, enabling us to carry the examination above the cervix and the lower margins of the inflammatory swelling.

From traumatic causes, this disease usually presents itself in about five or six days after an operation. When we think all danger passed—when you feel that your patient can sit up and all dressings have been removed, you will be surprised to have her suddenly taken with a chill, followed by a high fever and severe pain all through the pelvic region, especially referred to the hypogastric. This condition may not present itself until just before, during or immediately after the next menstrual period. Come at any time or in any form, an examination will reveal the first onset, a small indurated mass, in front of, or at one side of the uterus, which will be very tender to the touch, and which will increase from day to day, until the attending physician will almost despair of controlling the attack. If an examination is made from time to time, an interesting condition of the tissues will be found. The disease

can be traced through all of its course; sometimes the attack may be confined to Douglas' cul-de-sac, again on the anterior portion of the uterus, or either broad ligament; but have it where we may or treat it as we will, it is usually self-limited, and will run its course. We do not care with what accuracy the drug may be selected, it will take its time in defiance of all. This assertion may be disputed by some, but the fact can be demonstrated by statistics; but we can say with pride and satisfaction, that we have been able to prevent an abscess from forming, or, in other words, assisting resolution and bringing about a speedy cure. Never in our hands has a case passed on to a chronic form. Yet we have had cases where the exudation of lymph remained for months, or when provoked or irritated by an injury or coition just before or after menstruation, there would be a lighting up, for a few days, generally to pass away very soon under proper care and treatment.

We have patients usually of a neuralgic diathesis who are great sufferers from neuralgic pains, due, we believe, to mechanical causes—as pressure of the diffused product upon the nerves and branches, passing through that part of the pelvis to which the pain is referred to. These neuralgic symptoms vary in their sensations and will, to the symptomatologist, assist in selecting *his* remedy. They are sensations of coldness, or of the opposite, sensations of heat of the surface, or sharp, stabbing and pricking pains; again a twisting or dull heavy pain. König observed that the external cutaneous nerves of the thigh, the crural or sciatic, are most frequently affected. Another symptom that will usually be manifested on extending the leg is a pain or constricted feeling in the hypogastric region; this is more marked however when the inflammation has become general, and is due, no doubt, to infiltration about the abdominal muscles. The psoas muscle may become involved and cause lameness for months and even years.

RESUME OF THE PROGRESS OF
GYNÆCOLOGY DURING 1884.

BY

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(Continued.)

Lawson Tait reported to the Obstetrical Society of London (*Lancet*, Jan., 1884) an undescribed disease of the fallopian tubes. Patient æt. 36. She had suffered from constant pelvic pain, aggravated during menstruation and after marital intercourse. There were no physical signs of pelvic disease except great tenderness. An exploratory incision discovered the fimbriæ of the tubes adherent by curious little nodules like millet seeds. The uterine appendages were removed, with the result of completely restoring the patient to health. On examination no opinion could be given as to the origin and nature of the nodules. They were neither cartilage nor bone.

In a report to the Obstetrical Society of Philadelphia of a number of successful cases of oöphorectomy Dr. Wm. Goodell calls especial attention to one in which convalescence was retarded by great and painful swelling of the parotid glands, which developed without marked rise in temperature or acceleration of pulse, and declined without suppuration. This was his third case of parotitis after the removal of the ovaries. Goodell thinks the complication is sympathetic.

The removal of a dermoid cyst of the ovary complicated by bronchitis presents especial points of interest. (Dr. Polk, *Am. Jour. Obstet.*, Oct., 1884.) Bronchitis had continued for some time, but it was thought that the cough might be largely due to a reflex element. The distress from the tumor led to the operation. The tumor, about the size of an orange, was on the right side, while all the pain was on the left. The tumor was free, and was removed without difficulty. The left tube was dilated,

the fimbriated extremity grasped the ovary and was adherent. The ovary was cirrhotic and was removed. The ether apparatus of Clover was used, which involves the reinhalation of the ether over and over again together with the expired air, so that a minimum amount of ether is used, but its use is accompanied by more cyanosis than is seen with ether or chloroform used in the ordinary way. There was little shock. In twenty-four hours the temperature suddenly rose to 104° F., reaching 106° in twenty-four hours, with intense dyspnœa and cyanosis with superficial breathing. The patient was as blue as we see children who are born cyanotic. Absence of symptoms connected with the wound made it probable that the morbid condition was connected with the lung. In twenty-four hours the temperature dropped to normal under the influence of the rubber coil, quinine, and subsidence of the inflammatory process. Dr. Polk continues to state that the cyanosis was no doubt intensified by the opium; a fluid drachm of Magendie's solution was taken in sixteen hours. Death occurred the fifteenth day after the operation from double catarrhal pneumonia, its immediate cause being the action of the ether and the opium.

Dr. T. A. Emmet reports a case of rupture of an ovarian cyst, the contents becoming closed in by peritonitis. (*Am. Jour. Obstet.*, Aug., 1884.) The woman was brought from Memphis in July, having been taken from her bed during an attack of peritonitis. She arrived more dead than alive, but recovered sufficiently by the middle of July for the operation of ovariectomy to be performed. On opening the abdominal walls Dr. Emmet found to his surprise a large space filled with ink-like fluid. The cyst had ruptured, and the contents had become encysted. After some weeks the patient was able to sit up, when symptoms of intestinal obstruction developed. The abdomen was opened, and the constriction, as

was believed, relieved, but it proved not to be so. The intestine was then opened and stitched to the abdominal wound. The patient died before the next day. The cause of the constriction was found to be an adhesive band. Had it been discovered during life it might have been relieved.

At the International Medical Congress August 15, Knowsley Thornton (London) read a paper on Ovariectomy. T. has operated four hundred and twenty-three times with forty deaths, twelve of which were due to tapping. He thinks with but few exceptions that tapping is a crime. T. states "it is noteworthy that Keith, who has tapped frequently, complains that many of those cured after ovariectomy die later of malignant new formations. While the experienced operator may escape the dangers of tapping, he can not prevent the small cells of papilloma with infection of the peritoneum and the abdominal wall. T. thinks ovarian cysts should not be operated upon while still in the lesser pelvis, unless the tumor causes hemorrhage or other grave accidents. They should be operated upon as soon as they become abdominal, so that the incision may be made against the cyst wall and not the intestines. If we wait longer the patient is exposed to the same dangers as after tapping, viz: that the tumor may undergo malignant degeneration, etc. T. thinks if we abstain from tapping, and operate early we shall improve upon the brilliant results of ovariectomy.

Dr. Dawson reports a case of papillomatous ovarian tumor involving the peritoneum. (Trans. Obst. Soc., Jan. 15.) An exploratory opening discovered papillomatous development of the peritoneum, an ovarian tumor adherent to the intestines and all surrounding parts. The wound was closed and the tumor left. The woman was up and walking about in twelve days. Dr. Emmet remarked that there is generally little vitality left in these patients, and they often die on the operating table.

Dr. T. A. Emmet presented a specimen of a dermoid cyst removed from a woman 22 years old who had suffered since puberty with dysmenorrhœa until she had become a confirmed invalid. There had been repeated attacks of pelvic inflammation. All his colleagues at the Woman's Hospital had seen the patient but were unable to make a diagnosis beyond pelvic inflammation. Her mental powers were becoming greatly affected, and an exploratory abdominal incision was decided upon. The cyst was in Douglas' cul-de-sac outside the peritoneum, and having no connection with the ovaries. It was the only case of the kind which he was able to recall.

Lawson Tait reports an instance of remarkable elevation of temperature (*Lancet*, Nov. 1884). The case was one of the removal of both ovaries for rapidly growing cystoma. Three different thermometers were used.

Date	Dec. 24.	H.	7.45 P. M.	Tem.	102.2°	Pulse	140
"	"	25	5.00 A. M.	"	103.3°	"	120
"	"	"	10.15 "	"	105.3°	"	130
"	"	"	2.35 P. M.	"	105.3°	"	128
"	"	26	8.05 "	"	111.6°	"	120
"	"	"	9.50 A. M.	"	101.4°	"	100
"	"	"	6.18 P. M.	"	101.2°	"	99

The patient made a perfect recovery and has remained in perfect health.

Lawson Tait on Pyosalpinx (Braithwait's Retrospect) states that he has operated sixty-five times with no death, and of these cases only one was not cured of her suffering. He points out that one of its most constant symptoms is excessive menstruation with excessive pain, which always begins before the flow. The pain excited by intercourse is generally so great as to lead to the entire discontinuance of the act. The patients are always sterile. T. thinks gonorrhœa is the most common cause—puerperal inflammations next. He feels sure that pessaries have caused it and in some rare cases the cause seems to be entirely catarrhal. The illness may be generally traced to an attack of pelvic inflammation. The only relief is surgical. T. relates a case to illustrate the frequent results of the disease in general sup-

purative peritonitis. T. was consulted by a physician who had placed a stem pessary in a patient who had been married many years, but had had no children. Menstruation had always been profuse with severe pain. There was slight tenderness, the uterus retroflexed, but movable and could be rectified by the sound. To the right there was a sense of resistance, an intra-uterine stem was introduced with antiseptic precautions. In eight days acute inflammation developed and the pessary was removed. In a few days acute peritonitis developed, temperature 105° . Dr. Tait was consulted, who thought it a case of chronic pyosalpinx started into the acute form by the use of the pessary. The tube had probably burst, followed by general peritonitis, her only hope abdominal section. This diagnosis proved correct. The ovary and tube were adherent in the cul-de-sac. Both were removed. A drainage tube used. Recovery was tedious, but complete.

W. T. Gairdner (*Med. Times and Gaz.*) points out that peritonitis is rarely idiopathic, but rather one which derives almost all its clinical significance from inquiry into its cause. Treatment, management and prognosis are to be thus judged in most cases if you can make out the true sequence of events. A case is given where the cause could not be determined by the history. The patient was dying when first seen, so no pelvic examination was made. The post-mortem showed an abscess in the left ovary as large as an egg, communicating by three perforations covered by adhesions with Douglas' space. There was diffuse general peritonitis, with matting together of the intestines all over the abdomen, but no communication could be discovered between the ovarian abscess and the general cavity. G. thinks had the case been seen earlier, operative treatment might have arrested the fatal attack. He advises "never to be satisfied with a diagnosis of peritonitis only, whether acute or chronic,

but seek for a local cause. If you fail to find it, you have done your best; if you succeed, you will have got the key to your case, and with it perhaps a most important and necessary guide to the prognosis and treatment.

Sir Spencer Wells (*Med. Times and Gaz.* July, 1884,) writes on early and late removal of abdominal tumors. In reviewing the ground, he mentions how ovariectomy led to the removal of uterine tumors and the change in professional practice and opinion going on, until it became needful to sound a note of warning that the analogy between ovariectomy and hysterectomy must not be carried too far. A large proportion of ovarian tumors sooner or later demand operative treatment. An equally large proportion of uterine tumors do not require treatment, and partially or entirely disappear shortly after cessation of menstruation. It is exceptional that hemorrhage or pressure from tumors of moderate size or excessive growth of a tumor call for its removal. Should loss of blood call for operation, removing both ovaries and cutting off the blood supply is to be considered instead of removing the tumor. Just now something more than a word of caution against rash, dangerous, unnecessary operations is called for. We are startled by reports of removal of the normal ovaries of young women suffering from nervous disorders. It is to be feared that our professional honor is at stake; that statements are made that when challenged can not be substantiated, and that abdominal surgery in its latest developments is open to the denunciation hurled against the earlier ovariectomists, and that with more reason than in 1850. Lawrence's question must be repeated, whether such operation can be encouraged and continued without danger to the character of the profession.

The Medical Advance (Jan. 1885) quotes from a monograph on ovarian tumors, written by Henry N.

Guernsey, M. D., Philadelphia. "So long as health reigns supreme there can be no diseased condition. All ovarian tumors are of dynamic origin, later the naked eye can detect the result of the morbid influence. Size and weight are only limited by the endurance of the sufferer. It is the living pathology only that concerns the physician as a healer. The material is per se of no account beyond its symptomatic value. It is true that an abnormal state of the vital force has been the contributor to all this growth. If the doctrine of homœopathy be true should we not be able to remove anomalous force and to establish in lieu thereof a health producing dynamic power?" Dr. John Hunter has said: "To perform an operation is to mutilate a patient whom we are unable to cure." Valentine Mott said: "I am sorry this patient could not have been cured, and thus saved the necessity of this degradation of the healing art." If our allopathic brethren take a stand of this kind, should we not expect more of homœopathy? I encourage the art of surgery in the proper way. The surgical art should be held in abeyance faithfully as a dernier resort. The doctor refers to a number of cases of ovarian tumors cured by medicines given on the homœopathic principle. Case one cured by himself. The tumor filled the entire abdominal cavity. Pains like bee stings, scanty urine, no thirst, led to the selection of apis mel. Cure followed in ten months. A few months after the cure she became pregnant. She with her husband and child are still living, and may be seen by any person desiring to do so, by asking the address of the doctor.

Dr. Guernsey in the monograph further quotes the following cases:

In the Annual Record, 1870, T. Black reports a case of ovarian cystic tumor cured in six months' time by bromide of potassium. On page 245, C. Dunham reports a case cured by coloc 2^c. In the Record, 1871, Dr. Page reports a case cured by

bryonia followed by apis. Dr. Bojanus, a case cured by bell. and natrum-sulph. in alternation, followed by kali. carb., which completed the cure. Dr. Chauvet, of Paris, reports a case cured by rhus. William Gallupe, M. D., Bangor, Me., cured a tumor which filled the entire abdominal cavity with podoph. pelt. 2. Dr. Richard Hughes of London, cured a case by kali bromidium. Dr. P. H. Hale cured a case in which the tumor was about the size of the head of a new born child with apis mel. Charles Sumner, M. D., of New York, cured a tumor about the same time with calcarea c., 6^m in fifteen months. A. M. Piersons, M. D., of New York, cured a good-sized tumor with apis 40^m. A cure by Dr. Gilchrist was made by the use of coloc 1^m. Dr. Dudgeon of England, reports a cure from Graphites 12. Mercy B. Jackson of Boston, reported a case in which the tumor diminished under platinum. Dr. Guernsey, a large tumor cured by arsenicum 40^m; also, a case cured by calcarea c., 85^m, followed by sepia 55^m, and another by bella-donna.

(To be continued).

A FEW THOUGHTS UPON THE PRESENT CONDITION OF HOMŒOPATHISTS.

BY

RALPH MORDEN, M. D.,

Circleville, Ohio.

There seems to be a growing tendency to truckle to the so-called Regulars that is lowering to Homœopaths, and it is sure to bring disrespect and sneers as a result. I am getting tired of having it thrown up to me that "your school are not sincere;" that "you practice Allopathy;" that "you are only humbugging the public by calling yourselves Homœopaths;" that "Homœopathy only exists in the name upon our signboards." At a late meeting of the Central Medical Society of Ohio (old school), Homœopathy was the chief subject

discussed. Of course it was only discussed on the positive side, as there was no one there to take the defense. Some of the remarks were quite interesting and showed plainly that the feeling of prejudice is not so near gone as some would have us think. The paper which was the instrument that brought about this one-sided strife was upon the "Vis Medicatrix Natura." They fixed up Homœopathy in the old fashioned way; but they were not careful enough and it plainly appeared from their own showing that the despised system was quietly downing them. It put me in mind of a girl I once knew who couldn't bear onions and at the same time had a very suspicious odor on her breath. That Homœopathy is untrue, none of us will scarcely admit openly, but there are many who go as Homœopaths who are very far departed from the teachings of the fathers. There are many who appear to think it not in accordance with modern science to prescribe the infinitesimal dose or to claim for the law of similars constant applicability. What is the result? It not only brings the confusion which such deserve, but their patients are made to suffer accordingly. Why are we not as successful as Hahnemann, or Hering, or Dunham? It is because we have not adhered closely to their teaching. I do not claim to be any better than my neighbors, and the flesh-pots have sometimes proved too much for me, but I have learned one thing, that by close application to repertory and materia medica I have been enabled to do my best work. But some one says your materia medica is so much of it unreliable, you don't know which is true and which is false. Well, it is the best way to prescribe I have yet found, and besides I have never yet found the law to fail. I have failed often, but just as often I have found that the blame was with me and not the law nor the materia medica. I can not help but admire those who are endeavoring to take a step in advance

by substituting "pathological condition" for "totality of symptoms," and "physiological action" for "characteristic pathogenesis." It is so much nicer and sounds so much better, and is so much more "scientific," but I have not yet got so far, and the best I can do is to look carefully at the "symptoms" of the sick one and the "symptoms" of the drug, and when careful enough in my looking I always succeed in getting the desired result. It is those above mentioned greatly admired ones that bring upon us so many accusations from the old school which are so hard to answer.

CROUP WITH CONVULSIONS CURED BY SANGUINARIA.

BY

GERSHOM N. BRIGHAM, M. D.,

Grand Rapids.

A little child only one year of age was taken on the 2d of February after midnight with the croup. Stridulous breathing and frequent hoarse croupy coughs attended with moanings and twitchings of extremities characterize the case. The mother gave aconite, frequently repeated, hoping to avoid calling a physician till morning; but at 4 A. M. the child had a severe convulsion and I was called. Found the patient frequently twitching the upper and lower extremities and coughing very croupy; marked febrile symptoms. I gave belladonna and left kali bichronicum to be taken after the second dose of belladonna. Three hours later I was called the second time as the child had had two more convulsions. I found at my second visit that the child was passing *wind* frequently from its bowels, and appeared to have abdominal pains; croup no better. I gave sanguinaria, improvement followed promptly and the little patient had no further convulsions. The croupal symptoms were all gone before evening under the continued use of sanguinaria.

THE
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EDITORIAL.

Noblesse oblige, our privilege compels us ; we professional men must serve the world, not, like the handicraftsman, for a price accurately representing the work done, but as those who deal with infinite values, and confer benefits as freely and nobly as nature.—
EDWARD EVERETT HALE.

The many friends of Mr. A. L. Chatterton will learn with profound regret of the death of Mrs. Chatterton, on August 6, after a lingering and painful illness.

* *

Attention is called to the meeting of the New York State Homœopathic Society, at Grove Springs, Lake Keuka, Steuben County, on the eighth and ninth of September. An excellent programme has been provided, including discussions on Cholera, Cholera Infantum, Chorea, Man-

agement of the Third Stage of Labor, The Materia Medica of Hæmorrhage, Antiseptic Surgery, Influences Causing Abortion, Aural Therapeutics, and Purulent Ophthalmia. All who are interested in the advance of homœopathy, whether members of this society or not, are most cordially invited to be present.

* *

The cholera epidemic in Spain has followed its usual course in a progressive march from town to town. It began last November in Alicante and has extended slowly through the provinces of Valencia and Cataluna, and will doubtless penetrate into every part of the kingdom. The Spanish statistics are incomplete and often falsified, but the disease does not seem to have assumed threatening proportions until April, since which the number of cases has steadily increased and is still increasing. At the middle of August the reported cases are nearly five thousand a day. The death rate in May and June was fully fifty per cent. ; but it is now apparently about thirty per cent., the fall in the death-rate having been gradual since the earlier part of July.

In the presence of such a terrible epidemic in Spain, the close relations of Cuba with the mother country, and the intimacy between that island and the southern ports of the United States, indicates that as the probable route of ingress of the disease into this country. Sanitary precautions will delay the invasion, but no matter how stringent will not prevent it. Its virulence in any community will depend upon the personal habits of the inhabitants, and each town can protect itself by sanitary regulation ; but

as absolute and continuous cleanliness is impossible, it is futile to expect complete immunity from attack.

* * *

Notwithstanding the general acceptance by the profession of the pretentious theories of Koch, and their practical application by Ferran, it may well be doubted if we know any thing more in regard to the nature of its origin, or its mode of propagation, than we did in 1866. The views of Prof. Mezzerooff, of Brooklyn, are extravagant, but ingenious and novel, and are deserving of investigation. We present them for criticism, without indorsing them.

The cause of cholera is ascribed to either a vegetable or animal germ, which enters the human system either by the air we breathe, the water we drink, the food we eat, or by the pores of the skin, through which these germs find access, and thus get into the blood, in which they grow so fast that plenty of cholera victims have died within one hour from the time of attack. For some time this germ was said to be a vegetable spore, but now some of these theorists assert that it belongs to the animal kingdom and that it is an infinitely small being, and lives like other animals by the use of oxygen, which it extracts from the human blood and thus destroys life. But, strange to say, we are asked to believe that this malicious and destructive little fellow will eat nothing but human blood. And he can beat Dr. Tanner all to pieces, for he can live for years without food. He is said to float in the air thousands of miles, or he permits some sailor or soldier or other person to lock him up in a trunk and is carried long distances by sea and land, and when he takes it into his head he enters the human body and multiplies so fast that he takes the life of his victim in one hour. Why do these infusoria leave the body when they have such a liking for human blood? Why do they not go on till they eat up the entire human race? Why do they select some and reject others? Why is it that more than one-half the victims recover? Why is it that these animals have

such a liking for human blood and yet can not eat it at 8,000 feet above the sea-level? For cholera was never known to exist on mountains 8,000 feet high. All other animals can eat more on mountains than in valleys. Why are these exempt from nature's laws? But other infectious germs can live and grow on high mountains, for I practiced my profession 13,000 feet above the sea level and found typhoid, small-pox and diphtheria in most virulent forms to exist there. Why could not cholera also?

The true cause of epidemic cholera is a poisonous gas which emanates from the earth, previous to, during, and after earthquakes and volcanic eruptions, and during the decomposition of large masses of animal matter. In proof of this position I could give a very large number of facts from history extending over three thousand years. So far as I have searched history there has not been one instance where cholera plague has not either preceded or followed earthquakes and volcanic eruptions. Of the many thousand historical proofs in my possession I shall only give a few notable examples. Let us begin with the Christian era, although we could go back to the days of Moses and find the same things occurring. In the year 211 A.D. there occurred in England and Scotland a dreadful earthquake, which was immediately followed by a most terrible cholera plague, that in a few weeks killed 100,000 in Scotland. In 252 there were exhalations from the earth that smelled like the stench from dead animals, and in a few days a most terrible earthquake occurred, after which a cholera of the most destructive character followed. In 361 earthquakes shook all the cities around the Mediterranean and every one of these cities was soon after visited by a severe cholera epidemic. In 458 an earthquake destroyed the entire city of Antioch, and before the earth had ceased trembling a cholera plague broke out and desolated the surrounding country and spread to all Europe. In 480 one of the most destructive earthquakes visited Constantinople and nearly destroyed the whole city, and several days before it ceased cholera broke out and finished the work which the earthquake had begun. The plague reached England and Scotland and nearly depopulated Africa! Passing over the interim, in 1346 there was a most dreadful

earthquake in Upper Asia. The earth opened and sent forth streams of blue fire, besides solid bodies of flames, which during their flight gave off such a stench that man, beast and every living thing died in its path. The poisonous gas was such that men dropped down and expired in great agony; while in a few days cholera broke out in a violent epidemic form, depopulating half of Asia. A short time after this a severe earthquake shook the entire island of Cyprus, after which cholera nearly depopulated the whole island. And in 1849, there was an earthquake here before the cholera broke out. I could give many hundred most notable instances, but the foregoing may suffice to make some of these germ theorists think instead of assert. I am not now ready to assert what the chemical composition of this gas is, but I can give its characteristic qualities. And first, it is heavier than air, as it has never been able to rise to a height of 8,000 feet, as cholera was never known on any mountain of that height. Who ever heard of the cholera visiting the Sierra Nevada Mountains of California? Another leading property of this cholera poison is that it is acid in its character, for it always produces cramp in the human body when sufficient is inhaled. A third is that it has a particular affinity for all the nervous centers. A fourth is that it particularly affects the stored albumen of the body. A fifth is that it acts as an acrid poison on the whole alimentary canal.

These characteristics which I have mentioned were discovered in my own experience as a victim of the disease, and also as a physician after witnessing the action of the disease on many hundred persons. The reader will perceive the reason why an epidemic comes mysteriously and departs in a like manner. It begins when this poisonous gas exists in the air, and stops as soon as the gas is exhausted. It also explains how one person dies while others recover, namely, because he may either have a weaker constitution or he may have inhaled more of the poisonous matter. Cholera is neither infectious nor contagious: for during 125 years not one single nurse died in the hospitals of Calcutta; and during four epidemics extending over twenty-five years only three persons died of cholera among 154 nurses in the military hospitals of Cronstadt. The same is true of Scotland where, during a severe epidemic, only one nurse died of cholera. I could go on with examples, but this will suffice to show that no one need be afraid of cholera's being infectious, for it is not.

CORRESPONDENCE.

The Old School on Homœopathy.

DEAR DOCTOR WINTERBURN: It is a fact, I believe, that the best defense of homœopathy (if defense were necessary) might be found in the sayings and writings of physicians of the old school of medicine.

A venerable professor in Chicago, the "Nestor" of old school medicine in that wonderful city of pork and pluck, once said to one of his colleagues:—"We have made two great mistakes as a school; one is in giving too much medicine, the other in refusing to consult with homœopaths." His colleague said to the class, in the lecture-room:—"Gentlemen, we give too much medicine; cut down the doses. If the book says to give from ten to thirty grains, give five to fifteen, and then," he added, "you will be giving too much."

And then please read the following, which appeared in the *Pacific Medical and Surgical Journal*:—"It does seem that we are strangely oblivious at times of the recuperative powers of nature, of whose efficient and well-timed efforts, we have daily demonstration. The late Professor Gross, in one of his vindictive blasts against homœopathy, used to trace the rise of that school of attenuations to the classic days of Galen, who, according to the old doctor's idea, being of an experimental turn of mind, determined to test for his own satisfaction the efficacy of the therapeutics of his day, as distinct from the accessories of hygienic conditions and proper nursing and food. The experiment resulted—so at least the doctor had it—in a complete and overwhelming victory for the physicless plan. And therein lay the whimsical side of the good doctor's assault upon the new school; for he referred us back, and selected the very pages for our perusal, the reading of which would have strengthened the cause of the opposition. But consistency is no more an attribute of great men than small."

Instances of this sort in the old

school literature if gathered together would make a very large book.

Fraternally,

E. A. GATCHELL.

Thoughts Suggested by the August HOMŒOPATHIST.

DEAR DR. WINTERBURN: I am sorry to see the HOMŒOPATHIST lumbered up with any such advice as is given by Dr. Cardozo in the August number. Let our young men learn to select the *similimum* and give the remedy in a straightforward business fashion. He can choose his potency, but having chosen it give it confidently and wait results. If he finds his remedy acting well let well enough alone. If he finds only indifferent action and believes, after careful consideration, he has the right remedy, he may with propriety elect from a higher or lower dilution. I usually elect from the higher myself. If no action follow and yet it is believed that the remedy is well chosen, give sulphur and follow with an advanced potency; but mixing up two kinds of dilutions at once has the look of a *slipshod* practice, and our *shoes* are down at the heels quite too much already. No, let us learn to be accurate, painstaking, and raise our standard, inscribed with this motto, "Forever for the Faith and no faltering."

On page 241 you say, "The power to use his tools, whether they are the crude drugs of the allopathist or the attenuated remedies of the homœopathist, is the true test of the physician." [This was by a contributor, and is not the sentiment of the editor.—G. W. W.] We are sorry to see crude drugs prescribed in the allopathic fashion standing in such a relation, doctor. It looks as if you would rate them at about the same value. The tendency of all science is toward the potential molecular energy, a steady departure from the gross and crude to fine potentiality, then why allow by implication that the crude can be as good as the potentized or molecularly broken down preparations? Again, why not hold to the law of

similars as the law of cure, and the only law to be followed? I hold that crude drugs always embarrass the vital powers in their fight with disease. I do not say, but that the sick recover, who take crude drugs; they also recover without taking drugs and at a higher per cent., as reported from hospital statistics. Symptoms are often suppressed, possibly a case may be tided over a bad breach in the road, but the end is not there. You have devoted a large space to mind cure: I grant that the allopathist stands here upon the same ground with the homœopathist if he does not weight his case with drugs. Why not explain allopathic cures upon the theory of mind-cure? they have attributed ours to the *vis medicatrix natura*. But the point is, we must have our correspondence between disease and drug, if we are to cure rationally; nature has provided that way, and we must obey her demands. And as our remedies are to act upon an occult and immaterial principle or force, known as the *vital force*, it stands to reason that they should approach in some fashion to the occult, nascent, or molecular state, before we appropriate them to the office of healing. Science is seeking for the absolute, she finds energy as we advance away from the gross to that which lies behind and deeper. Mind is more real if possible than matter. It is the permanent and matter the ever moving phenomena. No, no, the old lines are breaking, the deserters all come one way. Mercurius corrosivus in 1000 as an antiseptic—just think of it, and allopathic teaching. Hold the fort, Brother Winterburn, Hahnemann is our prophet. He will be greater ten centuries from now than to-day. Speak with no doubtful tongue. But lest I seem to be too critical I will say well done to your work on *Purpura hæmorrhagica*; your resumé is up to the mark, and all the sentences ring with the true tone. The *similimum* every time, be the potency high or low. Of what value to a young man can such teaching be

as Prof. Arcularius', terebinthina for all cases? It reminds me of my old friend, Doctor Childs, who used to always wind up when he had a doubtful case on his hands, "turpentine and castor oil, gentlemen." Reason for your faith, gentlemen, I would say. I would emphasize your group of symptoms for secale by saying, "tendency to hemorrhage from the womb." It is well known that secale has a marked action upon the reproductive organs of woman, and hemorrhage from this locality strengthens the indications. I lately cured a case of this character with secale. I have cured three cases where rheumatism was a complication with bryonia, aggravated by motion, bruised pain from touch and motion, numbness was frequently associated. Red, round hot spots, raised considerable and hard to the feel, which left large purple spots, discoloring for a distance the skin. Irritable of temper, sometimes obstinate and passionate. A somewhat chlorotic case with blood-spitting for a long time, tall, slender, dark eyes, phthisical, spots more scattered, cured by phosphorus 200.

G. N. BRIGHAM.

Grand Rapids, August 7.

Specific Cure for Diphtheria—what is it?

DEAR DOCTOR WINTERBURN:—Some time since I received a circular from Dr. Robert Amthor, homœopathic physician, Baltimore, Md., calling the attention of the homœopathic medical profession to his preparation of "orchis mascula." He says: "I have found it a sure cure for diphtheria, scarlet fever, and inflammation of the throat, whenever this symptom, swelling of internal throat, with thickening or elongation of uvula palatii is present." "I have used it in every case of diphtheria and scarlet fever which I have had for the past eight years, during which time I have had many cases, and I have not lost one. As this remedy is not prepared by our pharmacists, I have been induced by my friends to offer it to the profession, etc. I have prepared

it in the 12th decimal, the only reliable potency; all higher or lower potencies have disappointed me." "I am forced to say that this medicine is a true specific." In regard to this "wonderful remedy" I would ask of any of your readers if they are acquainted with that remedy, where a proving is to be found, or if no proving exists, then, at least, where is the clinical experience of the profession written down, that is, a large number of cases, the treatment given in minute details, wherefrom we can judge when and how and under which conditions the remedy is to be used. Surely, Dr. Amthor does not expect "the homœopathic medical profession" to grab at his "specific" (?) blindly, or is it something like "Warner's Safe Cure." Is it not singular that this remedy acts only in the 12th x.? I never heard such a thing before, that a homœopathic remedy acts only in a definite potency (perhaps it only is active when prepared by the doctor himself). Why is it that no pharmacist has prepared it? they put up every day more and more *new* remedies as soon as their virtue are known; and such an *OLD new* remedy, over eight years in use in such a formidable disease, and never been known to fail. Verily, this deserves some attention on the part of our pharmacists. Dr. Lilienthal can in his next edition of Therapeutics omit a number of remedies, provided he mentions this one, which is a "sure cure in every case of diphtheria and scarlet fever." How my soul longeth to know all about that remedy. How happy and fortunate would I be if called to a case of diphtheria or scarlet fever could I discard all anxiety, all studying of the case, and selecting the proper remedy (very often a hard task), and provided only with a vial of ORCHIS MASCULA (mark well the 12 x.), and every case will be cured. I could do more. I could remain at home and only send the remedy, and be sure of success; but as I am a little skeptical I would like to have some more light on the

matter before conferring on Dr. R. A. the degree of honor as being the inventor of the only specific known to homœopathy. Any information will be gladly received by your anxiously waiting colleague.

J. L. CARDOZO.

Washington, D.C., August 14.

LITERATURE.

Among the honored names in homœopathy none stand above that of the venerable and venerated Constantine Hering except the master himself; and to our mind he was very little below that supreme elevation. Any thing which he penned would deserve the reverence of all believers in the law of *similia*; but the work of his life, the work upon which he spent so many thousand hours of patient labor, that the profession might be able to cope with a more refined skill with the intricacies of practice we feel is entirely beyond criticism. We accept it as a precious heirloom, to be prized and studied, and which will be prized the more it is studied. The Guiding Symptoms represent the culmination of Hering's life-work.* He labored incessantly for more than half a century, sacrificing ease and money, in order to give to the profession a better and more complete *materia medica*. At the time of his death two volumes of the ten projected had been published, but the entire manuscript was in such admirable condition that his literary executors (Drs. Charles G. Raue, Calvin B. Knerr, and Charles Mohr) will be able to complete its publication. Two volumes more, making four in all, and embracing the elements of the *materia medica*, in alphabetical order, down to *Cubeba*, are now in the hands of the profession, and the rest will follow as

rapidly as due attention to detail will permit.

The Guiding Symptoms is complementary to other works on *materia medica*, being principally a collection of *cured* symptoms. Says the author in the preface to the first volume: "We could fill pages with quotations from our best practitioners in favor of the use of 'cured symptoms' in the selection of remedies. A symptom only cured has never such an intrinsic value as one *produced and cured*, and yet such an one should not be ignored; in course of time it may be added to the *characteristics*. Of course all characteristics will be found here, and many other symptoms produced and cured, which further experience may warrant us in marking up in degree until they attain the grade we denominate characteristic."

The Guiding Symptoms are published by an association known as the American Homœopathic Publishing Company, membership in which costs ten dollars once for all. This enables the subscriber to purchase the works published by the association at half price, thus securing a very valuable concession. Dr. Calvin B. Knerr, 112 North 12th street, Philadelphia, will furnish all desired information, or the work can be ordered direct from the A. L. Chatterton Publishing Company at five dollars per volume.

The interesting and valuable work by Prof. Jaccoud on pulmonary consumption has been made accessible to English readers through an excellent translation by Dr. Lubbock.* It is of less value to cis-Atlantic readers than to those on the other side of the sea, for the reason that it is largely devoted to climatic treatment, and to the value of mineral waters in phthisis, the discussion being limited to continental spas and

* *The Guiding Symptoms to our Materia Medica*. By C. Hering, M.D. Vols. I.-IV. To be completed in ten volumes of 500 pages each. (Philadelphia: The American Homœopathic Publishing Society. J. M. Stoddart and Co.)

* *The Curability and Treatment of Pulmonary Phthisis*. By Prof. S. Jaccoud, M.D. Translated and edited by Montagu Lubbock, M.D. 8vo., pp. 467. (New York: D. Appleton and Company.)

health resorts, and those of easy access—Egypt, Madeira, etc.—from European cities. Nevertheless, as the author gives in minute particularity his reasons for preferring this or that medical station, and shows the comparative value of each at different stages of the disease, and the wherefore upon which those conclusions are based, by analogy much useful information may be gathered by the American reader. We have accessible to our patients as great a range and variety of climate and temperature as is open to the European practitioner, and as Prof. Jaccoud from his extended experience gives us the open sesame we can apply for ourselves the results of his careful discriminations. He makes one observation which we would gladly impress upon our reader. Climate is just as powerful to do harm as good, according as it is rationally or irrationally applied, and properly or improperly adapted to the indications furnished by the patient. A personal and intimate knowledge of the places to which patients are sent is essential to success in this phase of medical practice. So much depends for the successful results of a residence in any given locality upon the resources of food, hygiene, and social requirements as to make these equal in our mind in sanitary importance the telluric and meteorologic conditions. Two places possessing in general the same climate may have a very different medical value, the reason for which can not be discovered by tables of atmospheric changes, but which are indeed so elusive and indefinable that they must be felt to be understood. Physicians can not be too careful in banishing patients from the comforts of home and the endearments of familiar surroundings to unknown locations, on mere hearsay. We are convinced that more harm than good is the result of that haphazard practice, and that patients are sent away to die in solitude, and amid depressing surroundings, who might have lived at home in comparative comfort.

Prof. Jaccoud is an enthusiastic advocate of the curability of pulmonary phthisis, but his enthusiasm is based upon experience and tempered by judgment and he is, therefore, a safe and satisfactory guide. If we add the therapeutics of homœopathy to his hydrotherapy, hygienic regime, climatic influences, and judicious diet, we have an ideal treatment of consumption. It is, therefore, with great satisfaction that we commend the work to homœopathic practitioners. The American publishers have issued the volume in very attractive form.

It is now more than fifteen years since Dr. Angell, of Boston, made accessible to the general practitioner by means of his little manual, a better knowledge of the diagnosis and treatment of diseases of the eye. The work proved so popular that edition after edition has been exhausted until some months since the author gave us a remodeled and *sixth* edition.* To those of the profession who are not aware of the merits of Dr. Angell's monograph, we may say they are great clearness and conciseness of expression, orderly arrangement of the topics treated, and a graceful and attractive style. It is a very desirable work for any practitioner to have in his library, and to any man in active general practice it must certainly prove a friend indeed many times a year. It fulfills the purpose expressed by the author of making the diagnosis of eye disorders comprehensible to the non-specialist, and of teaching him the best methods of cure—topical, mechanical, and surgical.

Preventive medicine is beginning to be recognized as an important part in the curriculum of medical study. Prof. Rohé, of Baltimore, has prepared a readable treatise on this sub-

* *A Treatise on Diseases of the Eye: for the use of Students and General Practitioners.* By Henry C. Angell, M.D. Sixth edition. 12mo., pp. 404. (Boston: Otis Clapp & Son.)

ject, especially adapted to the wants of American students and practitioners of medicine.* It has the advantage of not being too extended in scope, and is thus well suited to the present wants of our students. It seems to cover the essential facts of communal and personal hygiene, which are presented in clear and expressive sentences, and in accord with the teachings of our best sanitarians. The author does not claim much novelty of idea, but he certainly presents his topic in an attractive manner.

Dr. Kitchen, of this city, makes the somewhat startling assertion that not over one medical practitioner in ten in the United States has a fair idea of the diaphragm and its functions, and that only a small number out of this tenth part have a comprehensive grasp of the subject, or are thoroughly impressed with its importance. Dr. Kitchen not only thinks that the diaphragm "can hardly be over-estimated," but that it is threatened with abrogation. He says: "It promises to take but a comparatively small segment of the evolutionary cycle of time, with persistent corset-wearing and consequent development of clavicular breathing, to bring about in mankind a chronic hereditary atrophy of the diaphragm, the debasement of that organ to one of a rudimentary form, and also the change of the God-like, Venus-de-Milo, Apollo-Belvidere form of humanity into the similitude of a pouter pigeon." Just think of that! For our benefit, or rather for the benefit of our grandchildren of the seventh remove, Dr. Kitchen has written an entire work—not very large, but lusty for its size—on, shall we say, the prevention of the pouter pigeon brand of the genus homo.† To those who desire to in-

crease their knowledge of the diaphragm this little work may be commended as excellent in method and arrangement, pleasant to the eye and to the sense, and as presenting known facts and well approved ideas in a bright and pungent style.

Readers of general medical literature have been made aware of the efforts to popularize the use of various remedies in the form of oleates. Dr. Shoemaker deserves credit for his pluck and persistence, as his little work* sums up much that he has contributed to periodical literature, in a convenient way.

Prof. Lyman, of Chicago, gives in a little work recently issued, much entertaining information, and some philosophizing, as to the causes and effects of insomnia, hypnotism, somnambulism, and other disorders of sleep.† He can hardly, however, be said to attempt to define the ulterior causes of these phenomena, and leaves the reader not much wiser, in a scientific sense, for the labor of perusal. The trend of thought just now is very strongly toward an analysis of the influences which govern the body through the mind, and we are, perhaps, on the verge of genuine discovery in that direction. Prof. Lyman barely touches upon this topic, but adds nothing toward its elucidation.

Prof. Small's treatise on the causes that induce the premature decline of manhood has reached a third edition; ‡ and having been carefully

and the Production of Voice By J. M. W. Kitchen, M.D. Prize Essay. Illustrated. Sq. 12mo. pp. 101. (Albany; E. S. Werner.)

* *The Oleates*. An investigation into their Nature and Action. By John V. Shoemaker, M.D. 16mo, pp. 119. (Philadelphia: F. A. Davis.)

† *Insomnia and other Disorders of Sleep*. By Henry M. Lyman, A. M., M. D. 12mo, pp. 239. (Chicago: W. T. Keener.)

‡ *A Treatise on the Decline of Manhood*. Its Causes, and the best Means of Preventing their Effects, and bringing about a Restoration to Health. By A. E. Small, A. M., M. D. Third Edition. 12mo. pp. 112. (Chicago: Duncan Bros.)

* *A Text Book of Hygiene*. A Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American standpoint. By George H. Rohé, M.D. 8vo. pp. 324. (Baltimore: Thomas and Evans.)

† *The Diaphragm and its Functions*. Considered Specially in its Relation to Respiration

revised, may be welcomed as a useful addition to the library. Without going fully into a discussion of the treatment of sexual weaknesses, he mentions various remedies in the several chapters which will serve as hints to the junior practitioner, for whose benefit the work is mainly intended.

The Massachusetts Homœopathic Medical Society has issued its transactions for 1884, in a neat and attractive volume with a varied table of contents. There are essays by distinguished members, lists of officers and members since the organization of the society, the present role of membership, reports of committees, and other useful information. The excellence of the contents is well seconded by the beautiful typography of the volume, and altogether it is one of which our Massachusetts *confrères* can well be proud.

ITEMS.

Barry's clinical thermometers are among the best manufactured in this country.

The Cook is the name of a new weekly devoted to domestic culinary art. It is published at 13 Park Row, New York, at two dollars a year.

The North American Review, for August, contained an interesting discussion of the question, Can Cholera be Averted? by Drs. Hamilton, Rauch, Peters, Wood, and Leale.

Dr. J. W. Dawson, of Chicago, has invented an improved uterine supporter, by which each stem can be adjusted to any desired length; changes can be daily made if required.

F. L. Peiro, M. D., an exponent of the Oxygen treatment, has recently occupied new offices in the Chicago Opera House building. His rooms, in arrangement and elegance, indicate prosperity.

A novel advertising scheme is that devised by Messrs. Woolrich & Co., makers of "Ridge's Food;" two of the partners are traveling through the country on a sociable tricycle, distributing information.

The Century Magazine continues to furnish to its readers a remarkable variety of entertaining and useful matter. It is by all odds the best of all current literature, and its illustrations are a constant delight to the eye.

The new edition of Prof. Cowperthwaite's *Materia Medica* is now ready. It is a large volume of 715 octavo pages, and contains one hundred more remedies than the previous edition. The price is five dollars, in cloth binding.

The People's Health Journal is the newest advocate of preventive medicine, and is, as its name suggests, intended mainly for family reading. The two numbers issued are very good, and if it continues as it has begun it will easily win a name and a place in the literature of the day.

We learn that Dr. John L. Moffat, of Brooklyn, Secretary of the State Homœopathic Medical Society, had presented to him an opportunity to make a trip around the world, visiting Japan, China, India, Egypt and a few of the European countries. It is a trip for health and pleasure. He left on less than 48 hours' notice, and resigned his secretaryship, in which he is succeeded by Dr. H. M. Dayfoot, of Rochester. His friends hope to see him in March re-established in health and strength.

Dr. J. Savage Delavan, of Albany, a prominent homœopathist, and a member of the New York State Board of Health, was drowned in lower Saranac Lake, August 7. Dr. Delavan was a son of the late Edward C. Delavan. He was born at Ballston, Saratoga county, N. Y., October 18, 1840. He began the study of medicine in 1858, in the office of Dr. H. M. Paine, and was graduated from the Albany Medical College December 23, 1861, being essayist of the graduating class. Subsequent to graduation he pursued special courses of study at Paris. In 1863 Dr. Delavan was appointed assistant surgeon in the United States army. He was a member of the staff of Harewood Hospital, at Washington, D. C., and participated in all the battles before Petersburg. Subsequently he became pension surgeon, and held the office two terms. In 1872 Dr. Delavan removed to Geneva, Switzerland, where he resided four years, during which he was viceconsul of the United States. In 1879, Dr. Delavan returned to Albany. He was one of the founders of the Albany County Homœopathic Medical Society. He was elected president in 1866, and was a delegate to the State Homœopathic Medical Society from 1866 to 1870, and was elected a permanent member in 1871. He was a member of the American Institute of Homœopathy, and of the American Public Health Association. On the organization of a State Board of Health in 1880, Dr. Delavan became one of the three commissioners. At the expiration of his term of office in 1884, he was again reappointed. A meeting of the Albany County Homœopathic Medical Society was held to take action on his death. Remarks were made eulogizing his character and professional standing by Drs. Pratt, Carroll, Jones, Waldo, Reynolds and H. M. Paine.

THE AMERICAN HOMŒOPATHIST.

NEW YORK, OCTOBER, 1885.

DOES BAPTISIA ABORT TYPHOID ^P

BY

GEORGE W. WINTERBURN, M. D.,
New York.

[Stenographic report of remarks made at the King's County (Brooklyn, New York) Homœopathic Medical Society, Sept. 1, 1885, and ensuing discussion.]

The President, Dr. Willis, having called upon Dr. Winterburn to address the society, he responded as follows :

MR. PRESIDENT, LADIES AND GENTLEMEN :—I have not prepared a paper to present to you this evening, but simply propose to make a few remarks. Your secretary very kindly asked me a few days ago to come and speak on some subject, leaving me the choice of what that should be, and I recognized the difficulty of finding something practical which has not been so often debated as to be considered stale and beyond discussion. I am not aware that the subject I have selected—*Baptisia* in Typhoid—can be considered a stale one ; it is a subject that has been widely discussed, and some members of the medical profession have very strong opinions in regard to it ; but the opinions are not all on one side. Some think very strongly that typhoid, like all other specific or self-limiting diseases, must run its course and can not be abated ; that the disease once having taken hold of the man, or the man of the disease, they have to fight it out for a definite length of time. There are others who believe that typhoid, pneumonia, and other so-called specific diseases can be abated ; and that some of our remedies, if given at the right time, will cut them short, and the patient will escape the second or third stages and their sequences. As there is this difference of opinion, it may be of some use to discuss the subject. There has also been a diversity of opinion

as to what was meant by typhoid. When the use of *baptisia* was first discussed, about twenty-five years ago, I think Dr. Richard Hughes, of England, was the first prominent man to bring it before the profession, in its relation to typhoid ; which he did, I believe, in a paper read before the British Homœopathic Association in the presence of physicians from this country and England, and very many present spoke of the efficacy of the remedy in these cases. Dr. Hughes then believed it would not only modify the disease and prevent untoward sequæ, but that it would go beyond this and prevent its further development. But presently a discordant note was struck ; some physicians began to say that the disease that Dr. Hughes, and these others, were talking about was not typhoid. If it was acted upon by the remedy as they stated, it was not typhoid but something else. It is well, therefore, to fix in our minds what typhoid is. We limit the term to define a continuous fever, characterized by a certain definite thermometric range, that is followed later by a change in the patches of Peyer, with diarrhœa generally in consequence ; that we have about the seventh day lenticular spots of a rose color appearing upon the skin ; that these last about three days and are then followed by others. These are what are considered as characteristics of the disease, and it is not typhoid if these are not present. Professor Kippax, of Chicago, lays special stress on the thermometric range during the first five days of the fever ; that is, if the temperature is one hundred and one (101) deg. Fahr. on the evening of the first day, and that it advances about one degree a day up to the sixth day to one hundred and five (105) with a regular morning remission of about half a degree, we have the symptom that definitely settles the question whether

it be the specific fever known as typhoid. It is certainly the best evidence, because it is the earliest; the diarrhoea comes at a later stage, the spots on the skin do not appear till the seventh day; the tenderness of the bowels comes later, and all the peculiar diagnostic symptoms except this come in the second stage. I think we are quite right in saying that we have here a definite fever with characteristics not existing in any other disease. If, therefore, any remedy will alter its course, abridge it, or stop the disease before it has proceeded through its regular development, in so far it is abortive of the disease. The question is, does baptisia do this? Some physicians assert that it will not do it; in fact, Dr. Hughes backs down from his former position, and says he has not discriminated between typhoid and ordinary gastric fever, and must admit that those cases, in which he used baptisia, were simply gastric or ordinary continued fever.

The reason, probably, why I selected this subject for to-night is that it has been uppermost in my mind in a case I have been treating lately. A young man, about twenty-six years of age, an artist by profession, had been failing in strength and losing weight, with other evidences of impending sickness, for some six weeks or more; he would lie down on a lounge and fall asleep easily during the day, something quite foreign to his habit, and complained of feeling tired all the time. He applied for treatment after an exposure to damp weather; and, believing he was only suffering from a slight cold, I did not take every thing into account, and only gave him some slight remedy, thinking the symptoms would be overcome easily. The next morning I was sent for and found his temperature a little over 100; in the evening it was $101\frac{1}{2}$. The following evening it was $102\frac{1}{2}$, with a morning remission of half a degree; the next evening it was $103\frac{1}{2}$. In all these cases there is

the daily rise in temperature of about a degree, and I think you will bear me out in asserting that we do not find it in any other disease. I put this patient on baptisia and on the day after administering it the temperature went down to $102\frac{1}{2}$; the following day it went to $101\frac{1}{2}$; the next day it was $100\frac{1}{2}$, and it was below 100 on the day after this, and I thought it was because the patient had been receiving baptisia. In order to decide if it were so, I made the hazardous experiment of stopping the remedy, which I did on the fifth day; the temperature rose again on the sixth day to $102\frac{1}{2}$, and you can be sure he received the baptisia again vigorously all that night and the next day. The next day his temperature was down to $101\frac{1}{2}$, and the following day at 100, where, after lingering for a few days, with a regular morning remission and evening rise, it sank to 99. To make a long story short, on the fourteenth day the temperature dropped to normal; in the mean time, however, on the seventh day there developed the lenticular spots, which lasted about two and a-half to three days; there were two or three crops of them. On the seventh day, although there was not very much fever, he had two offensive mushy stools, this being all the diarrhoea that occurred. They were certainly enough like typhoid stools to have been indicative of that disease, even if I had seen the case that day for the first. This case had developed all the characteristics of typhoid and yet on the fourteenth day was discharged cured. He was at my office to-day, and is going on a vacation to recuperate; to-morrow will make the twenty-first day. He has lost twenty pounds and has all the signs of weakness following such a condition. It is my opinion that had he not gone the twenty-four hours without medicine the sickness would have been shortened several days.

Baptisia is a remedy to which I am very greatly attached, for the

reason that it was through its influence I became convinced of the value of potentized drugs. It is one thing to accept and practice a principle, it is another thing to know it and feel it. I have no doubt many persons use potentized remedies without thoroughly believing in them.

My experience with this remedy in typhoid dates from an epidemic which occurred in the winter of 1878 and 1879, on the west side of New York city, beginning in the neighborhood of Gansevoort Market and extending northward, embracing 9th, 10th, and 11th avenues and the adjoining streets. In that epidemic I treated thirty-seven cases; they were typical typhoid as well as typical baptisia cases, and I gave baptisia to all of them. I made up my mind I would learn something if I could from that epidemic, and I gave some the fluid extract, some the sixth decimal, which I prepared myself, and to others the thirtieth centesimal, procured at Smith's pharmacy; and that there should be no favoritism I gave the different preparations of the drug to the cases as I took them under treatment; that is, the first case received the fluid extract, the second the sixth decimal, and the third case the thirtieth, and the fourth received the fluid extract, and so on through them all. To those receiving the fluid extract I put fifteen drops in half a glass of water, and gave teaspoonful doses hourly. Most of the cases were tenement house patients, and of course did not get the care and nursing they should have had. In all the cases treated with the fluid extract the fever ended on an average on the nineteenth day; in those treated with the sixth decimal on the sixteenth day; and in the twelve who received the thirtieth potency it ended on the fourteenth day. The remedy cut short the disease and improved the condition in proportion to the potency received. This was the first absolute convincement I had in my practice of the value of poten-

tized over crude or semi-crude drugs. Those cases which received the thirtieth convalesced more rapidly than the others, and got around to business quicker, so much so as to be exceedingly convincing to my mind. I will just mention another case which came into my hands I think in 1880, or perhaps 1881. I was called in March of one of those years to see a young man about nineteen, who was an usher in Booth's Theater; he lived on 29th street, near Ninth avenue. I found his evening temperature about 101, a few tenths possibly over 101; the next morning it was a little lower; that evening it was a degree higher, and so it went on up to 104½ on the fifth day. This boy had a very marked diarrhœa, tenderness over the abdomen, the lenticular spots, and, in fact, all the indications characteristic of typhoid, with the exception that the fever was held down by the remedy, or by something, although the diarrhœa persisted, as also did the tenderness over the abdomen. The fever went down from 104½ or 105½ gradually, and by the ninth day it was below 100, and did not rise in the evening above 100, although the diarrhœa continued. There was a slow convalescence, probably because of poor nursing; but the remedy certainly showed remarkable ability to control temperature in this case.

I do not mean to say that baptisia is the remedy for typhoid, or that in the treatment of this disease it takes any place but its own; nor do I wish to be understood as recommending it as a specific for typhoid. It can not cure cases wherein other remedies are indicated, as, for instance, rhus or arsenic or muriatic acid, and can not be said to be a remedy for typhoid except in cases where the symptoms call for its administration.

Dr. Hughes, in his retraction of his recommendation of this remedy, seems to indicate that the cases that recovered under its influence were simple continued fevers. Now, the

sort of continued fevers we have in New York never call for baptisia; according to my experience they are more gelsemium conditions; less frequently aconite; sometimes rhus. I have never used baptisia in simple continued fever. There are said to be no cases of aborted typhoid, and yet there are cases which look as though they were going to be typhoid and are suddenly stopped; and I think the case I had several weeks ago is a proof that it can be aborted.

In answer to questions by Dr. Robt. C. Moffatt as to the condition of the tongue, and if there was delirium in the first case detailed, Dr. Winterburn said:

There was no delirium; there was a duskiness of the face, listlessness and stupidity; he did not take any interest in what was going on. There was a species of delirious dreaming at night, confused dreams which he could not remember. The abdomen showed very characteristically the typhoid tenderness in the right iliac region; he could not turn on his side without pain, and there was puffiness especially over the spleen; the tongue was coated at first with a thick yellowish fur, and afterward became brown down the center with very red tip. After the fever went down little blebs or blisters appeared on the tip of the tongue. There was a persistent dull headache during the first few days and a feeling of great fatigue, as if he would sink through the bed.

In answer to various questions in regard to the typhoid epidemic of which he had spoken, Dr. Winterburn said:

In that epidemic many patients died, yet the death-rate was not large nor the disease malignant. Some got well by the twenty-eighth day under allopathic treatment, others ran the full length of time, to the thirty-sixth day, and I saw some three months afterward who were still suffering from the effects of the disease. In all I knew personally of about a dozen deaths during the three months.

I only treated thirty-seven cases, and they all got well. None of them had any other remedy except baptisia.

The President (Dr. WILLIS) thought there were not so many cases of typhoid in Brooklyn as there were in New York city; it being possibly due to the fact that there was not so much made ground in Brooklyn, and cases in Brooklyn are very much complicated with malaria.

Dr. MOFFAT: I think the question regarding the action of baptisia is not properly stated. Instead of saying, Does baptisia abort typhoid fever? it should be, Does baptisia abort the typhoid condition? And if we have any acumen in examining cases, we can certainly pronounce whether it is typhoid fever or a fever accompanied by a typhoid condition. There is a condition of the abdomen which I think is characteristic of typhoid—a sort of boggy feeling where the Peyers patches are affected; like feeling a bog. Also the temperature is pungent and hot as long as you keep your hand on the skin. The mind is always sluggish, dull and torpid. During the past few years I have neglected baptisia, and did not use it until a few days since. I employed it with benefit in a case of relapsing fever; a young lady who had been ill some time. The fever had relapsed three or four times when I called in Dr. Elliott, who recommended baptisia, and we had good effect from its use. Another case I had lately was a young man about nineteen, who had attained his growth very rapidly. He was a clerk in a bank, and was devoting himself to his work regardless of his strength. He began to droop, although he continued his habits and attended his company drill every week, and did not give up until he had to drop from the ranks on the day of Gen. Grant's funeral. I was called to see him seven or eight days since, and found him lying in bed; his face had a dusky pale greenish hue; he would move his eyelids slowly, and responded very indifferently to my

questions ; his hands were hot and pungent, as was his body. There was not a very marked condition of the abdomen, which was, however, sensitive to pressure, and I could recognize in a slight degree the boggy feeling ; his tongue was dry and he was thirsty, and at night he was a little disposed to wander. I gave him baptisia, four or five drops of tincture to a glass of water ; dose every few hours. I noticed benefit the next day, and the boy improved and convalesced rapidly. That boy was going down into a typhoid fever, and was certainly in a typhoid condition.

DR. AVERY : I have had a case lately which I have been unable to diagnose and will state it hoping some member will be able to throw a little light on it. I was called about nineteen days ago to a gentleman about sixty-nine years of age ; I found him seated in a chair ; his head drooping and having a pale, haggard countenance ; I spoke to him but he seemed to be quite deaf ; he said he had no pain but felt weak ; had a headache and felt muddled ; tongue was coated with a grayish coating and mouth was dry. His previous history was that he had been troubled with anorexia and had eaten very little for ten days or two weeks ; it had been almost impossible to force any thing down ; he had been troubled with cough more or less ; at times he would catch a little cold and have fever which usually passed off. The physician who had been treating him had been giving him two grains of quinia three times a day and a stimulant. I examined his lungs and found a slight bronchitis in the left lung but no dullness. I put him on a remedy and for a few days he improved ; on the fourth day he had a chill ; on the fifth day he was coughing in bed and chilly. The temperature at this time was 102. I examined him carefully and found some dullness in the apex of the left lung, though it was not marked, and there were subcrepitant râles all through the lower part of the left

lung. The temperature continued to increase during the next two or three days till it reached 103 ; the cough continued and finally brought up a sputum something like that which occurs in pneumonia but not a true rust colored sputum ; his mind had become somewhat affected and at night he wandered ; in the day time he remained in bed with his head bent to one side and had to be spoken to two or three times before he would realize what was said to him ; and his thoughts were not clear ; this continued up to three days ago which was the eighteenth day ; his condition began to improve, his temperature was 100 ; this morning it was 100½ ; the lung has cleared up and the sputum is clear, and he is now so he can realize what is going on about him ; during the last three or four days there have been diarrhœic discharges sometimes ten or twelve a day ; he has had subultus tendirum for three or four nights. I have been at loss to know whether it was due to pneumonia or if it was a typhoid condition.

Dr. WILLIS thought it was a case of pneumonia. Homœopaths, it seems to me, often make a great mistake in calling many conditions typhoid fever that are not so, and in this way allopathists get the best of us in the record of cures. I consider typhoid fever as characteristic a disease as scarlet fever, although I admit we cannot always diagnose it.

Dr. WINTERBURN : Typhoid fever is a specific disease having a definite origin, and it can no more be grafted on to any other disease than scarlet fever can. It has no pathological relation to the condition into which patients drift during the progress of other diseases, and it is a confusion of terms to speak of this condition as typhoidal. It can never be difficult to differentiate typhoid from any other fever if we use the thermometer as a means of diagnosis.

Dr. Avery's case seems to be a capillary bronchitis with a slight œdema of the lung.

**TWO CASES OF ARNICA POISONING,
SHOWING THE RELATION OF THE
DRUG TO PURPURA HÆMORRHA-
GICA.**

BY

JOHN H. CLARKE, M.D.,

Physician to the London Homœopathic Hospital,
and Lecturer on Materia Medica to the London
Hom. Hospital Medical School

The power of arnica to produce hæmorrhages of various kinds, and pains like those which attend bruises, is well known; but I do not remember reading or hearing of a case in which the drug has produced a black eye, or, indeed, any hæmorrhage beneath the skin. That arnica has a very distinct relation to such conditions I had no doubt, and when an opponent asked me if arnica had ever produced a bruised condition, I was content to reply with Hughes * that I was satisfied with Hahnemann's inference from his provings, that all the symptoms attending violent contusions and tearing of the fibers are analogically produced by arnica in the healthy organism. But since the first of the two cases related below came under my observation, I have had a still better answer to give. The influence of arnica on the small bloodvessels, causing them to give way, was thus not an analogical inference, but an apparent fact. As I looked upon my patient's leg, the relation of the drug to a black eye, or any other bruise, was strongly impressed on my consciousness. There was a very intense though localized condition of purpura. I append a second case, where the action of the drug did not reach the same point, for the sake of comparison. There was engorgement of the vessels, œdema, and much irritation; but though there was a considerable degree of blueness of the parts, the vessels did not give way. The patient in this case was much stronger and younger, and the drug was not used to the same extent. Both the patients were women,—who are more frequently affected with purpura than men.

CASE I. Mrs. M., 60, fair, of very soft fiber, stout, delicate, nervous, sent for me on the 5th of Sept., 1882. Seventeen days before she had slipped and fallen down stairs, several steps, bruising her right leg. There was much pain and a slight bruise appeared on the outer side of the ankle; but the pain was the greater on the anterior part of the leg where no bruise was to be seen. The skin was not broken. She was treated at home; arnica was applied in various dilutions of the mother tincture, and on one occasion it was applied undiluted; these applications were rubbed on the limb, which was bandaged, oil-silk being placed over the bandage. No arnica was given internally. The pain diminished greatly, and the treatment was continued twelve days. Five days before I saw her, a bright redness began to appear on the front of the leg, without any pain, heat, or sign of inflammation. The arnica was then dispensed with; but the next day the redness had increased, and small bladders of water began to form. With these there was some itching, but still no sign of active inflammation. By the advice of friends, bell. and rhus were given internally, and by the advice of a chemist, calendula cerate was applied. On the 5th of September, the surface of the limb, instead of being red had become black, dotted over with blisters and white mattery points. I found the patient lying on a couch, dressed, complaining of no pain, and with no constitutional disturbance. The tongue was clean, bowels open, appetite fair (it was never good), skin cool, pulse 92. She was able to walk without pain. The leg was swollen, pitting as previous, puffy about the ankle; the left leg was normal. There were no varicose veins. The lower half of the anterior part of the right leg was colored red and black with extravasations. There were a few mattery points the size of lentels. Much of the epidermis was raised by clear fluid, and clear fluid was oozing

* *Pharmacodynamics*, p. 229.

from parts where the epidermis was broken. The discoloration spread round the calf, covering three-quarters of the circumference of the leg, but the color was less deep, and more scattered behind than in front. There was no tenderness. I ordered absolute rest, the limb to be kept warm and dry, and gave arsenic 3x. The oozing soon ceased, and the vesication disappeared. Then the œdema gradually subsided, and the skin became more healthy; sound skin became visible, on this part of the leg, which took on a mottled appearance. The epidermis all scaled off. The recovery was slow, and during the healing there was tenderness of the leg, and about the ankle. When she had quite recovered, there was much brown staining of the skin left behind.

The patient had had a good deal of illness in her life, and had suffered a little from rheumatism; but her previous health did not appear to have any important bearing on the illness for which I attended her.

CASE II. A lady's maid, about 38, of strong physique, and otherwise in very good health at the time, consulted me in February, 1885, for an affection of the right foot. Three weeks before she had sprained her ankle and applied arnica lotion across the front of it. An irritable eruption appeared for which she consulted me. In front of the ankle, from malleolus to malleolus, was a bright red rash, rather rough, disappearing on pressure; no vesicles. There was much itching, burning, and when scratched, smarting. The itching came on suddenly in paroxysms, almost every two hours, and kept her awake at night. I gave her rhus internally and externally without effect, calc. apis and bell. lotion. Under sulph. 1 and hamam. lotion the rash gradually subsided, but not before it had made considerable progress under previous treatment. The rash became purplish in hue, and the part affected slightly œdematous. But the vessels did

not give way, as the rash always yielded to pressure. Even when it began to die away under sulph. and ham. it spread at the margins, invading the leg and the sole of the foot. But here it was less continuous, the spots were sparse; but they were very irritable. Finally they all disappeared within about a fortnight from the time I first saw her.

The veins of her leg were slightly varicose. There was no fever during the course of the case.

PURPURA HÆMORRHAGICA AFTER ABUSE OF CORROSIVE SUBLIMATE AND IODOFORM.

BY

DR. BUCHMANN,
Alvensleben.

Translated from the *Allgemeine Hom. Zeitung*, Vol. 110, p. 180, by B. Fincke, M. D., Brooklyn, N. Y.

March 4, 1885. A. Fr., 43¼ years, girl, complained of pains in the left meatus and externus which increased till the 7th, and resulted in loss of consciousness. The physician called diagnosticated scarlatina, and ordered wrapping the child in cold sheets. Besides

℞. Acid muriat 1:160 internally.

March 9. Ill-smelling, purulent discharge from both ears.

March 16. The abscess was opened above the left mastoid process. Deafness.

℞. Solut. sublim 5,0 in alcohol 40,0 D. S. poison, to use with 5 liters of water. One liter daily was used for injection into the opening of the abscess, and into the ears. A part of the solution went through the Eustachian tube into the throat and was swallowed. After each injection iodoform was blown in by a rubber-tube, though an allopathic journal had warned against the simultaneous application of iodoform and corrosive sublimate.

March 25. ℞. Chimin. mur. 0,1 with one drop of acid mur. in a wafer, for the bleeding from the abscess-opening, was vomited up again, and no more given.

March 26. Ecchymoses and petechiæ first on the legs, then all over the skin of the body, except in the face. Sponginess of the gums, bloody mucus in the mouth.

March 27. Bloody urine. An allopathic physician called in the 28th in the morning, declared the case incurable, orders liq. ferr. sesquichlor, which, however, was not given, because the child would not take it.

March 28. Afternoon, I was called in. The smell of iodoform, which to me is intolerable, caused me to remove the child from the sick-chamber into another room. Status præsens: frightful, pale, gray face, lusterless eyes, dyspnœa, pulse hardly perceptible and uncountable. Deafness. Sleeplessness. Stinking black tough mucus in the ears, black, tough mucus in the mouth, black, coagulated blood in the chamber evacuated by the bladder. Œdema of the lower extremities. Skin like as if it were sown over with ecchymoses and petechiæ, except in the face. The child moves no limb, not even the eyes, and has taken no food, but water, to-day. No sleep all night, and constant moaning.

℞. Arsenicum 30 every 3 hours.

March 29, A. M. The child is reported to have slept some, to have taken milk, to have less dyspnœa.

From the beginning I was of the opinion that a cure might be possible only in one way, viz., if it would succeed, by the greater affinity of a high potency of similar action to the morbid cause, to drive this out, and I thought mercurius viv. to be adequate for that purpose, but I did not have it at hand when needed.

I, therefore, now sent three globules of mercurius vivus cm. Fincke in a paper with sugar of milk, to be diluted in a cup of water, and one teaspoonful to be taken every two hours.

March 30, 2 P. M. When I called they told me that last night, at 8 o'clock, such a strong odor of iodoform issued from the mouth, nose and ears of patient that the whole room was filled

with it, and they had to open the windows in order to enable one to stay in the room. This odor disappeared as suddenly as it came at 5 o'clock this morning, after it had lasted all night. The child has taken more milk. Pulse 120. Dyspnœa gone. Stinking, blackish-brown secretion from the ear. No blood in the mouth.

℞. Nitric acid 200 (Lehrmann), every 3d hour.

April 1. Mouth without blood. Urine straw-colored, perfectly transparent. Petechiæ and ecchymoses pale. The child can speak again. Better looks. Desire for beer.

℞. Nitric acid 200 (Lehrmann).

April 3. Profuse epistaxis. Tamponaded with cotton, moistened with liq. ferr. sesquichlor.

℞. China 30 every 3d hour.

April 4. Great debility.

℞. Continued.

April 8. Petechiæ and ecchymoses and Œdema disappeared. Increased suppuration from the ears without blood, ill-smelling.

℞. Silecea 15 in evening.

She can stand on her feet. At noon she ate soup, for breakfast took white bread, and for supper the same with milk.

April 15. Suppuration from the right ear only. The abscess-opening not quite cicatrized. Patient can walk again.

℞. Puls. 6, 3 times a day.

April 22. Abscess forming behind right ear; on opening it a profuse purulent discharge.

℞. Aurum 30, in evening.

May 2. The discharge from right ear ceased. Hearing pretty good. Otherwise perfectly well.

TWO CASES OF PURPURA HÆMORRHAGICA.

BY

JOHN L. SEWARD, M. D.

Orange, N. J.

The first experience which I had with purpura hæmorrhagica was soon after beginning practice, in South

Orange, about twelve years ago. This patient was a lady, about 40 years of age, a school-teacher by profession, and a woman of considerable energy. She was a very decided brunette, with dark complexion and black hair, a heavy frame, but now thin and flabby. She had always had very profuse menses even from girlhood, and while she had had many doctors she was in no wise benefited, but rather grew worse. Coming into the community as a stranger, no one else having helped her, she determined to try me. When sent for I found her flowing very profusely, the blood being dark and partially coagulated, and attended with labor-like pressing from the small of the back downward and through the genitals. The pains were periodical, each being followed by a gush of clotted blood. Her sleep was restless, and, indeed, for the most part, she was drowsy, but unable to get into any real, quiet sleep. She was extremely irritable and peevish, and presented so strongly the mental characteristics of chamomilla, that I gave that remedy, in the two hundredth potency. This seemed to control the hæmorrhage, and the period lasted for a much shorter time than had been her habit.

Before the time for her next period she went on a visit to Syracuse, where she remained three months, and had several severe hæmorrhages. On her return to South Orange, I was sent for, but the case made very poor progress. Again in six weeks she was taken with another severe hæmorrhage, and became so reduced and weak as to thoroughly alarm me. Her mother then told me about the purpuric spots with which she was affected, and upon examination I found a number of splotches of extravasated blood, upon the chest, abdomen, and back, irregular in shape and about half the size of the palm of my hand. There were none of these spots upon the extremities or neck, they being confined, both then and at all times, to the surface of the trunk. I found, upon inquiry, that all her

life she would bruise very easily, that the slightest knock, or even pressure upon the skin, would cause a black-and-blue mark, which would continue to spread until it had become quite large, and that ever since she was a young lady, these spots had also occurred spontaneously upon the body. She had also from her youth up been subject to violent nose-bleed, and always carried three or four handkerchiefs at a time, for which she had frequent occasion. We had now got along to the middle of March, and the weather was quite cold, yet she insisted upon having the windows all open, and the attendants went about with their overcoats and other outdoor wraps on; and yet she did not seem to feel the cold. I gave her, at various times, arsenic, phosphorus, bryonia, and chamomilla, on general principles, without apparently accomplishing any good. She had become so weak that she could be fed only with liquid, peptonized food, and I became so worried about her that I fell into the habit of staying at the house nights. I noticed one night that after she had been in a little doze, that she awoke with a suffocative sensation. Instantly, there flashed into my mind—*lachesis*; and I then could see many strong resemblances between that remedy and this case, which had not occurred to me before. I had a little of the two-hundredth potency with me, and I fixed some in water, and began its administration. She improved rapidly and steadily from that date, and made a complete recovery. The purpuric spots disappeared and never returned; she became less susceptible to bruises than ever before in her life; she had no more epistaxis; her menstruation became almost normal as to amount, frequency, and painlessness; and she passes through the menopause without trouble. This case was among my first successes, and wonderfully confirmed me in belief in the homœopathic law.

My only other case of purpura was in an infant, at this time about ten

months old, who had always been sickly. The mother's father was scrofulous and asthmatic, and all of his children were delicate. When I saw this child it was covered with hæmorrhagic patches. Its entire left side and back was one solid mass of extravasation. The right thigh looked as if the child had been thrown on the floor and kicked. I gave arsenic, phosphorus, and china, successively, but without result. One day I noticed that the child appeared to feel worse on being lifted up, and acting upon this hint I gave bryonia 200. The child improved greatly in every way. The purpuric spots entirely disappeared. The child died the following summer of diarrhœa, but it at no time had any return of the purpura.

RESUME OF THE PROGRESS OF GYNÆCOLOGY DURING 1884.

BY

MARY A. BRINKMAN, M.D.

Prof. Diseases of Women, New York Medical College and Hospital for Women.

(Continued from Page 268.)

M. O. Terry, M.D., (*Hom. Jour. Obst.*) reports three cases of chronic ovaritis treated with permanent relief by guaiacum.

CASE I. — Subacute ovaritis of twelve years' standing relieved in eighteen days. Patient age 30, unmarried, menstruation had always been irregular, accompanied with agonizing pains, sometimes followed by unconscious state. Both ovaries sensitive, the left enlarged. Bladder irritable. The remedy was administered in suppositories containing ten grains, one morning and evening. Thirty-six suppositories gave permanent relief.

CASE II. — Chronic ovaritis of nine years' duration, complicated with morbus coxarius, cured in thirty days by use of suppository morning and evening.

CASE III. — Dysmenorrhœa and spinal irritation for years, sub-acute ovaritis of two years' duration, cured in eighteen days. The writer states

"I will not give the names of the 'indicated remedies' which were tried and found wanting in the case."

Castration for Uterine Fibroma (*Am. Jour. Med. Sciences*, Jan. 1884.) Dr. Wiedow, of Freiburg, presented a short review of the cases which have been performed to date of paper, sixty-three in all, of which twelve ended fatally. Hegar operated twenty-one times. Three cases died, one improved for six months, the tumor decreased, but then menorrhagia set in, and fluctuation was detected in the tumor. The patient died a month later. Autopsy showed a fibro-cystic tumor, the lymph spaces filled with purulent serum. In seventeen of Hegar's cases the results were satisfactory. The menopause came on sooner or later and the tumors decreased in size. Freund operated six times with favorable results, the tumors decreased and the bleedings ceased. Hegar does not so much consider the size of the tumor as the method of operating. Castration seems to be the least dangerous and the operation to be recommended if the tumor is not yet of large size. H. thinks the prognosis doubtful for very large tumors because cystic degeneration may take place, or first shrinking, and then subsequent growth.

Myomotomy. Martin, of Berlin, read a paper on this subject at the Eighth International Med. Congress. Indications for more or less active treatment are hemorrhage, symptoms of pressure on pelvic organs, disposition toward malignant degeneration of the mucous membrane covering the myoma, circulatory disturbances and heart weakness. Martin has performed castration in five cases with favorable results. He finds that the operation for the removal of myomata may be performed per vaginam. It is difficult unless the myoma has a polypous development, but not a dangerous operation. He has operated ten times for myoma of the uterine wall and twice for myoma

of the cervix. Of the first ten cases eight recovered. One died of collapse and one of hemorrhage. Laparotomy he considers the easiest of the operations. Of his fourteen operations for subserous myomata two died of sepsis, one of collapse, one from septic degeneration of the myoma, two, who were very anæmic, of collapse. M. has removed large myomata per vaginam thirty-three times. The first six died of septic infection from incomplete antisepsis. Of the next seven cases two died of sepsis. Of the remaining twenty drainage through Douglas pouch was made. One died of embolism and two from long delay in operating. Three died of sepsis, one of the latter from degeneration of the myoma. The supra vaginal operation was performed five times on account of carcinoma and sarcoma. Of five operations for sub-serous intraligamentous myomata there was one death from sepsis and one from collapse. The greatest danger in the operation is from septic infection, especially during the period of convalescence. On this account he strongly advises drainage through Douglas's pouch.

Cancer. M. Mollière in the *Lyons Médicale* maintains that the internal administration of five or six grammes of salicylate of soda will relieve the pain of cancer of the uterus even after morphine has been given without effect. He says nothing of cancer in other tissue. (*Analectic* 1884, from *Ther. Gazette*.)

Cancer. Dr. W. E. Bush. (*British Med. Jour.*) found a saturated solution of hypo-sulphite of soda added to an equal quantity of water efficacious after the whole round of deodorizers and disinfectants had been tried. The ulcerating surface was well syringed and washed with the solution and was then covered with rags steeped in the solution. He had used it for months on the same patient with continued good

effect. It is clean, has no smell, does not stain, and is cheap.

Cancer. Dr. Brandine (in the *Analectic*), of Florence, has found citric acid to assuage the pain of cancer. Pledgets of lint soaked in a solution of four grains of the acid to 350 grs. of water, give relief in the most aggravated cases.

A new method of partial extirpation of the cancerous uterus by means of chemical cautery (Dr. Ely Van De Warker, *Am. Jour. Obst.*, Mar., 1884). He amputates the cervix uteri up to the vaginal junction. Hæmorrhage has given him but little trouble so that packing with iron cotton is not often necessary. He uses small masses of absorbent cotton wrung nearly dry from a solution one part of the sub-sulphate of iron to three of water. Less force is required to remove them than the large masses. If used, remove the second day and cleanse the excavation. Before the excavation is hardened or contracted by the iron he estimates the amount of tissue left for the caustic to act upon. This is done by means of a blunt sound in the bladder and the finger in the uterine excavation. The posterior relations are judged by the sound in the uterus and the finger in the rectum. He makes use of two strengths of the zinc chloride solution. One of 3 v. to the oz. of water and one of equal parts of the chloride and water by weight. If a slough in excess of a quarter of an inch in thickness is liable to result in perforation, he uses the weak solution after the upper and thicker walled parts have been packed with the strong solution. The surface of the zinc cotton and the upper vagina is filled with absorbent cotton saturated with a 30 per cent. solution of bicarbonate of soda by which any of the chloride of zinc which may filter out is decomposed. It is important to protect the vagina and labia with a pomade of bicarbonate of soda and vaseline one to three. One or two full doses of morphia hypodermically are sufficient to bridge over the period of pain,

which does not exceed ten hours. Remove the cotton from the vagina in two or three days, also from the excavation if it can be done without force; if not, wait a day or two. The slough will separate in from five to ten days. It must be allowed to exfoliate spontaneously. There is no danger of blood poisoning at this time as the chloride is a perfect disinfectant. Sloughing and granulation may be aided by a free douche of carbolic acid solution. Hæmorrhage during the sloughing is guarded against by confining the bowels for a few days. The catheter may be used, as patients allowed to help themselves get careless. Should the douche cause hæmorrhage, stop its use for a day or two; a gentle stream must be used at all times. Cicatrization is complete in from two to four weeks, leaving a greatly contracted cavity lined by a pale, soft, velvety membrane free from odor or discharge. Three cases are reported which illustrate the various methods of the procedure.

MM. Féré and Caron give the results of fifty-one autopsies showing the complications of cancer of the uterus (*Am. Jour. Med. Science*, April). The vagina was invaded in thirty-five cases. The uterus was adherent to the posterior wall of the bladder in twenty-seven cases. The bladder had communicated with the vagina in eighteen cases. The trigonum was destroyed in six cases. The bladder in every case was more or less thickened, indurated and mammelonated. In one case there was near the urethra true thrombosis of two veins each containing a yellow clot. Communication with the rectum occurred in seven cases, and in some adhesions. In one case there was induration of the rectum with softening whence two fistulæ extended into the perineum. General peritonitis was found in nine cases, and in three cases death from rupture of adhesions setting up purulent peritonitis. In nine cases the ganglia of the large ligaments were seriously in-

volved, the sacro-lumbar in one, and a chain of nodules along the psoas muscle in another. Generalization, five cases. The intestinal walls were studded with miliary cancerous nodules in one, cancerous foci in the left lung of another with 10 or 12 nodules as large as a hazel nut in the liver, which was hypertrophied and cirrhotic, with a large nodule in the wall of the right ventricle of the heart. The uterus was entirely invaded, the bladder involved and the whole pelvis filled by a hard irregular mass of fibrous aspect; there was also cancerous pelvic peritonitis.

In the third case the cervix and isthmus were destroyed and the recto-peritoneal cul-de-sac was filled with cancerous nodules. The ileo-cæcal valve was destroyed. The whole abdominal cavity was filled with small nodules situated in the epiploon, the mesentery and the intestinal loops. In the fourth case the left parietal bone, the pluræ, the cervix, the mucus membrane of the base of the bladder and the diaphragm were affected. In one case there was an encephaloid tumor of the ovary as large as the head of a fœtus. In 21 cases there was dilatation of both ureters of mechanical origin. In 19 cases dilatation of one alone 9 times on the right and 10 times on the left, dilatation of the calices and pelvis double in 21 cases. These dilatations caused hydronephrosis in the majority of cases. In other cases there was pyelitis, with suppurative pyelitis in 7 cases. In 2 cases there were calculi in the calices, the pelvis, and ureters. In many cases there were kidney lesions, double interstitial nephritis in 7 cases, the lesion was on one side in 17 cases. In 1 case small cysts of the kidney. Miliary abscesses in 7 cases. Thromboses of the iliac veins in 2 cases, and in 3 of the Sylvian artery with cerebral softening. In 8 cases there were traces of recent intracardial lesions, and condylomatous vegetations with or without vascularization of the valves. The cardiac lesions only existed in

cases in which there were renal lesions.

Cancer of the Cervix Uteri treated by the Galvano Cautery.

Pawlik (*Lancet*, Aug.) gives careful records of 136 cases treated by the galvano-cautery in the first gynæcological clinic of Vienna. The cases were kept as far as possible under observation and extend back to 1861. The importance of the report will be at once perceived. The galvano-cautery wire has been found to furnish the best results. The details of the operation are given at length and comprise the principles of getting if possible beyond the disease and performing the operation through healthy tissue.

The results are as follows :

Patients who died in hospital, 10 : of these 1 died from recurrence of the disease nearly four months after the operation, 1 from marasmus twenty-five days after, 8 shortly after, 3 from anæmia and 1 from peritonitis. Patients lost sight of, 22, of these 2 were known to be in good health two years after the operation.

Patients who left the hospital not cured, 16. Patients who died outside the hospital, 31 ; of these 16 died probably of recurrence, 1 three years after the operation, 1 had a return near the uterine two years after the operation, the cicatrix being unaffected, and 3 died of tuberculosis. Cases which relapsed, 22 (date of death unknown), among these, 1 remained in good health for six years, 1 for 19 months and 2 had cancer outside the uterus, the cicatrix remaining intact.

Patients who died in child-bed without recurrence, 2, one in seven years and a half, the other one year later. Those who remained in good health, 33,—viz. : Nineteen years and a half after operation, 1 (seen in good health nearly 21 years after operation), twelve years after, 2, eight years after 3, seven years after 3, five years after 3, four years after, 2, three years after, 5, two years after, 7, one year after 7.

With regard to the very important question of the correct diagnosis of malignant disease, a microscopical examination is expressly reported in the following cases, which remained healthy : 1, nearly twenty-one years—3, twelve years, 5, ten years, 6, eight years, 12, six years, 18, three years, 19, four years, 29, two years and 33, one year, after the operation. The peritoneal cavity was opened thirty-nine times behind, and once both in front and behind. Of these patients 4 died, 2 of anæmia, and 2 of peritonitis.

Hemorrhage occurred during or immediately after the operation six times. In 5 cases it was checked by styptic cotton and once by cautery. Secondary hemorrhage occurred in 13 cases, once on the eighth day, twice on the ninth, and once on the tenth, eleventh, twelfth, thirteenth and seventeenth days. Vesico-vaginal fistula occurred on separation of the slough three times, once due to rapid return of the disease which was imperfectly removed. Parametritis only occurred once.

The result of Pawlik's Statistics will probably be that we shall hear less of extirpation of the uterus and more of removal of the cancerous cervix.

(To be Continued.)

COLD WATER FOR CHOLERA INFANTUM.

BY

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Many a suffering baby unable to express its wants except in that piteous, moaning cry, so heart-rending to hear, if it could speak in words would say : "*I am dying of thirst; give me cold water, and plenty of it.*" That many have died, to whom appropriate medicines have been administered, which did not have a lasting effect, but seemed only to palliate the symptoms, who would have recovered had the physician recognized the voice of

nature crying in its burning thirst for water, I am convinced.

It is quite plain that in cholera infantum the copious vomiting and purging drain the blood of a large volume of its watery constituent, which condition is evinced by the sunken and shriveled appearance of the face and body. The blood is deprived of a large proportion of the menstruum, necessary to float its solid constituents, and the heart itself failing to receive a prompt supply of nutriment, fails to pump in sufficient quantity to the remotest capillaries the pabulum on which the vitality of the tissues depends.

This water must be replaced by a fresh supply. The congested alimentary canal needs the direct contact of the cool water to contract its distended capillaries, and its absorption to equalize the general circulation. About two summers ago I was called to attend a bottle baby two months old, who was suffering from cholera infantum; day after day it grew better and worse alternately, its stomach refused at times to retain the medicine in water, and it had to be given dry. One day I was summoned hurriedly to see it, as its mother feared it would die, and it had evidently had a slight convulsion. It cried piteously and the mother said it was very thirsty, but she was afraid to give it water, because it vomited when the medicine was given in water. I ordered a piece of ice put in a rag, and directed that the baby be permitted to suck on it. It took hold of it as if its little life depended upon the draught (as it really did). I then ordered a drinking dish filled from the cold water faucet, and sat watching while the mother let it drink.

She would take it from the baby's mouth from time to time, fearing to give it too much, but I had her continue to let it drink until it was satisfied, when it closed its eyes (it had been sleeping before with its eyes partly opened) in a sweet sleep, from which it awakened convalescent. *Give the babies plenty of cold water.*

THE TALK OF THE DAY.

In the September number of the HOMŒOPATHIST, Dr. Brigham, takes exception to my statement, that "the power to use his tools, whether they are the crude drugs of the allopathist or the most attenuated remedies of the homœopathist, is the true test of the physician." The doctor in his zeal for homœopathy overlooks the fact, that the cure of disease, the healing of the sick and not the treatment of disease according to any particular system, is the sole right which the physician has for existence. If the allopathic physician with his crude, and as Dr. Brigham would consider, imperfect armament, can combat disease more successfully than the homœopathist with his attenuated remedies, he is the better physician and the one upon whom to rely; and it is to the advantage of homœopathy that the fact that it is the physician and not the school that makes or mars, is being recognized by the general public.

As homœopathists we have had to contend, not only with the open warfare of the physicians of the old school, but with the distrust and indifference of the public, and it is only within a decade that we have been accorded the privileges of the physician. It was only through the skill and ability of the pioneers of homœopathy, men who would have been equally eminent in the allopathic ranks as they were in the homœopathic, that our system of medicine gained a place. It was the men who made the system, not the system the men. Whether we like it or not, or whether the allopathist wishes it or not, the distinctions between the two schools are being rapidly lost sight of in the minds of the public.

In looking over a medical journal a few days ago, I came across an article heartily indorsing hot water as a curative agent. There was nothing especially noticeable about the article except the curious blunder into which

the writer fell concerning the effects of dry and moist heat, such a complete perversion of every-day experience as well as of scientific observation that it has annoyed me ever since. Concerning the action of heat, the writer says, "Undoubtedly a much higher calorific condition may be made safely and comfortably to parts in a moist state than in the dry. The discomfort and peril of a fierce, dry summer heat is universally recognized; while moisture of the bodily surface, or dispersed in the atmosphere, makes a high degree of temperature entirely bearable. Moist heat is both safe and comfortable, while dry heat at the same elevation would be uncomfortable and even dangerous to vitality." It would be interesting to know in what world of contradictions the writer of the above quotation enjoyed his experience. The merest tyro in physiological research knows, or ought to know, that upon the planet earth the exact reverse is true. A dry heat of very many degrees of greater intensity can be borne than a moist heat, and common experience proves a clear dry summer day is much more endurable than a damp hot day.

If the author of the above new facts in physiology had spent the middle and latter part of July in the neighborhood of New York city he would have to-day, a realizing sense of the magnitude of his error. At no time during that period was the temperature excessively high, the thermometer marking several degrees less than a hundred, and less than during many other summers; but from the amount of moisture in the atmosphere, the heat had never before been so unbearable. It was the most depressing and fatal weather ever experienced in this section and produced an exceptionally high death rate.

Taken altogether the present year has shown an excessive death rate all over the country. From the returns made to the life insurance associations it appears that the number of

deaths occurring during the first six months of 1885 exceeds any similar period in the life of these societies, except in certain sections during epidemics. The fact that these returns include only the strongest and healthiest of the population, strongly emphasizes the wide extent and prevalence of fatal diseases.

In the August number of the HOMŒOPATHIST, Dr. Cardoza takes exceptions to the statement made by me "that if the homœopathic law of cure be true, then the high and low potencies should antagonize each other and it is nature who works the cure." The doctor objects to this on the ground that the only law of homœopathy is the law of similia, and if a certain remedy corresponds to the totality or majority of the symptoms complained of, that remedy is the right one and will cure according to the homœopathic law, *no matter* how small the quantity used, be the cure effected by 1x or the 200th potency."

If this be the true law, how can we understand that a high and a low potency can antagonize each other? If 1x or 30x or 200th acts all the same, only one somewhat stronger, the other milder, one slower, the other perhaps quicker, how could they ever antagonize each other? How could two forces of the same character, only differing in strength, acting in the same direction, antagonize each other?

The main point involved is that of the action of the potency, incidentally involving another question as to what is a high and what is a low potency. In treating this same subject somewhat more elaborately, in the first chapter of "The Materia Medica of Differential Potency," I have taken the potencies from third to the sixth centesimal as representing the medium, considering those above the sixth may be fairly called high, while those below the third may be ranked as low. To this there may be exceptions

taken and it is in fact impossible to draw a fairly dividing line, owing to the wide difference in the power of different drugs, what is low in one case being high in another.

The weakness of the argument made by Dr. Cardoza, lies in the assumptions, first that the only difference between the various potencies is in the strength of their action, not in the direction, and secondly that all cures made are in accordance with the homœopathic law of *similia*. Those who have studied the action of medicine upon the human system, find running through nearly all of the remedies of the *Materia Medica* a double action which enables the one drug given in one and the same dose to cure the most opposite and antagonistic conditions. This power, according to our theory, resulting on the one hand, from the primary, direct or drug action, on the other from the secondary, or reflex or reactive force of the system, an explanation which fails to explain many of the phenomena observed. A second explanation, which has the sanction of Dr. Hale, that there exists in every drug capable of causing secondary symptoms two distinct forces, and that the primary and secondary action are both positive medicinal effects.

In discussing the subject of potencies, a frequently recurring question is, what is a high or a low potency and where is the dividing line? It is easy enough to say what is a high potency, for almost every homœopathist, be he a high or low dilutionist, will accept the two hundredth as a high potency, but the difficulty is to define the low, for to some physicians the third centesimal is a high potency. Certainly any one who prepares any of his own triturations, if he stops to consider the matter, will consider the third as reasonably up in the scale. Having occasion to carry some gold up to the third trituration, I made the calculation that the grain of gold I started with would need, were it all

to be utilized, over one hundred and seventy-three troy pounds of milk sugar over which to spread itself. If the line must be drawn somewhere let us draw it at the third potency, considering all above that as fairly entitled to be classed as high potencies. These figures are trite and have been quoted frequently enough to have a "chestnuty" flavor, but I do not think any one realizes what they mean until he has triturated his own medicines, and pondered as he rubbed.

The question of the first origin of the zymotic diseases is one of great interest and importance. Do these diseases ever spring up *de novo*, or must they always be derived from a pre-existing germ? If the latter, how do the germs appear at certain places, apparently isolated from all possible sources of contagion, and what starts them into activity? The usual acceptance is that of the pre-existing germ, but in a recent number of *The Lancet*, Dr. Lawrence argues in favor of the spontaneous development of typhoid fever, from bovine evacuations. If this can be proven of one germ-born disease, why not of all? In support of his theory he cites a number of cases that came under his observation while practicing medicine in South Africa, in which, although the sparse population of the country was favorable to the tracing of infection, no connection with a previously existing case of typhoid could be detected, while there was always evidence of the access of cattle manure to the drinking water.

B. F. UNDERWOOD.

THE MEDICAL MACROCOSM AS SEEN FROM CHICAGO.

A few days ago, in driving along Cottage Grove Avenue, I observed the janitor of Hahnemann Medical College on the front steps, cleansing them of the accumulated dust of the summer months. I was reminded that the season is near at hand when

the professors who enter its lecture-rooms will be greeted by an applause with which the proudest *diva* might well be satisfied.

All the world knows—or ought to know—that we are blessed with two colleges in Chicago, the Hahnemann Medical College and Hospital, and the Chicago Homœopathic Medical College. But in mentioning these institutions here we do not employ all this circumlocution—they are familiarly spoken of as “the Hahnemann,” and “the West Side School.”

The latter claims to be located in the medical district of Chicago, and certainly an examination of the neighborhood shows that it is not wanting in those institutions which go to make up a medical center. Within a radius of a half-mile one may find the Cook County Hospital, Rush Medical College, the Presbyterian Hospital, College of Physicians and Surgeons, Women's Medical College, Illinois Training School for Nurses, Lying-in Hospital, Women's and Children's Hospital, and the Eye and Ear Infirmary.

On the other hand “the Hahnemann” points to the Hahnemann Hospital, Mercy Hospital, Michael Reese Hospital, St. Luke's Hospital, Chicago Medical College, and the Women's Hospital, as lying in her district. Thus, whichever College may have the advantage in this respect, it is at least evident that in Chicago there is no lack of facilities to make it the medical center of the West.

New discoveries create new demands. While one set of investigators is to-day busily engaged in hunting microbes, another set is equally industrious in their search after disinfectants with which to kill all the microbes which the others discover. It is now pretty well agreed that the most active agent of this kind is mercuric bichloride. This drug, long known as a violent poison to man, is found to be equally as destructive to low forms of life.

Dr. Sternberg, Surgeon, U. S. A., gravely discusses the question whether it would be possible to introduce into the human system a sufficient quantity of mercuric bichloride to destroy whatever bacilli might be roving about therein. Such a proposition is well worthy the crude methods of the old school. It is a wonder that they do not propose decapitation as a cure for headache.

This same newly discovered germicide—under the familiar name of *merc. corr.*—has been in use time-out-of-mind by homœopathic physicians. Many, many years ago Hahnemann first recommended it for dysentery, and an army of followers have verified the master's wisdom again and again. How many times have I terminated a severe attack of dysentery by its use, in the short period of twenty-four hours. In this connection Richard Hughes is led to exclaim—“It's effects are among the most brilliant things in medicine.”

Some of the more radical members of the old school have already learned the virtue which resides in minute doses of mercury for dysentery, although they are careful to conceal the source of their inspiration. But the day will come when the credit will be awarded where it is due. In time the entire medical world will acknowledge its debt to Hahnemann. It will not be to-morrow nor yet next week—but a hundred years from now.

When I reflect how young we are as a school, I am not surprised that homœopathy has not obtained universal recognition. In Germany and in France men are still living who were Hahnemann's patients. Only a few years ago there died in your city the man who was the first in America to espouse the cause of homœopathy. And yet we are asked if homœopathy is true, why does it not conquer the world? Have patience; we are conquering the world. In this short time the wonder is not that we have not done more, but that we have accomplished so much!

Several years ago a Chicago physician—who was then identified with the homœopathic school, but who has since joined the great army of advertising specialists—began the use of the so-called compound-oxygen in the treatment of diseases of the throat and lungs. Judging by the amount of advertising which he does, he has met with the most abundant pecuniary success. As is usual in such cases, he has scared up a small army of followers, for offices and houses all over the city are placarded with signs announcing that “Here may be obtained the only pure and genuine compound-oxygen for the cure of chronic diseases.” This craze bids fair to supersede the famous faith-cure business, which seems already to have passed its climacteric.

Compound-oxygen is nothing more or less than the nitrous-oxide gas which dentists for many years have administered as a hypnotic. All that is necessary to its manufacture is a little nitrate of ammonia, with a retort and a few wash-bottles. The method of administration consists in having the patient fill his lungs with the gas, hold it for a few moments, and then exhale it, after which he breathes atmospheric air for several minutes, after which the dose of nitrous-oxide is repeated. The hypnotic effects of the gas are thus avoided, while the blood is permitted, in a short time, to take up large quantities of oxygen.

I can testify from personal experience, that the beneficial effects which are said to follow the use of nitrous-oxide in many cases, are not wholly imaginary. Several years ago I had occasion to administer it to a number of patients in my own office, and, in some cases, with the most happy results. There was one case of hay-asthma which received marked benefit. Another case of chronic bronchitis was permanently cured. It proved to be a valuable remedy also in nervous diseases attended by insomnia.

But, like every other remedy, its failures out-numbered its successes. If its place in therapeutics could be clearly defined, it should be added to our *materia medica*, subject to demands being made upon its services, as we now call upon aconite, nuxvomica, electricity, or any other therapeutic agent.

Probably no state in the Union has a more active or efficient Board of Health than that which looks to the sanitary welfare of Illinois. The law governing the practice of medicine is such as to exclude all pestiferous quacks, while it does not bear onerously upon the possessor of a legitimate diploma. The Board's Secretary is quick to scent out a nuisance which threatens the health of the people, and he is as prompt to suppress it.

A recent reminder of his vigilance comes in the shape of a circular addressed to school-officers, calling their attention to the rules adopted by the Board relative to the vaccination of school-children. The Attorney General of the state has decided that non-compliance with this rule of the Board—prohibiting non-vaccinated children from entering school—is sufficient cause for excluding them from its benefits.

But the most striking thing contained in the circular is a fact which furnishes additional argument in favor of the benefits of vaccination, and the immunity which it affords—if any such argument is needed. It states that, according to reports made to the board covering the years 1880 to 1883, of the school-children attacked by small-pox the death-rate was, among the *unvaccinated*, 48 per cent., while among those who were *vaccinated*, it was nine-tenths of 1 per cent.,

Such facts as these need no comment.*

* But they are not facts; such statistics are merely made to order, and can be had in quantities to suit; the unvaccinated have died the past two centuries, with wonderful unanimity, at the rate of 18 per cent., and will

What indefatigable investigators the Germans are ! Dr. Day, of our city, has recently returned from a trip to Australia and the Sandwich Islands. At the latter place he found a certain Dr. Arning, who was sent there two years ago by the Berlin Academy of Sciences for the purpose of studying the clinical features of leprosy, with especial reference to the parasitic origin of the disease. There, in that far off part of the world—the very antipodes of his former home—this lone German physician is pursuing his investigations, surrounded by lepers and pale-faced nuns. His task, certainly, can not be a delightful one.

As another instance in point, I read recently, in a daily paper, an account of a German physician who is circumnavigating the globe by water, for the purpose of studying sea-sickness. When last heard from he had come to the conclusion that the symptoms which characterize an attack of sea-sickness are due to the varying pressure of blood in the brain, as a result of the alternate upward and downward motion of the boat. For my part I am inclined to think that this is the correct explanation. It certainly accounts for the phenomena in a very satisfactory manner. But when it comes to the matter of a remedy for the trouble, this physician is, like the rest of us, "all at sea." There is an old German adage to the effect that—"No weed that grows is an antidote for deaths." I fear that this may be said with equal truth of sea-sickness.

TRANSLATIONS.

BY

PROF. SAML. LILIENTHAL, M.D.,

New York.

CLITORIS CRISES IN TABES—AN INITIAL SYMPTOM BY PROF. A. PITRES.

Such attacks usually consist in spontaneous lascivious sensations,

continue to do so while and whenever smallpox occurs, except under homœopathic treatment ; smallpox will cease when scarlet fever

exactly corresponding to the sensations felt during coitus, and they correspond to the priapistic and spermatorrhœic manifestations in males suffering from tabes. They are of great importance, as they remain for years the only symptom, till others, as the disappearance of the patellar reflex, with other initial symptoms, point strongly to the special affection at a time when no disturbances of co-ordination can be noticed.—*Prog. Méd.* 57, 1884.

SOME PECULIAR CASES OF PERVERSE SEXUAL EXCITEMENTS BY DR. ANGEL.

Of the two cases, the first one is especially interesting in its forensic relation. A gentleman, moving in the first ranks of society, highly cultured, with not a trace of psychopathic heredity, had a great fright about eight years ago, which was followed by pathological states of psychopathic irritation, during which he felt a constant inclination to have sexual connection with girls of five to ten years, even with his own daughters. These periods lasted one or two weeks, accompanied by restlessness, insomnia, and cessation of caxiety. During this critical state he was obliged to live in solitary confinement. Angel considers these attacks most probably the equivalent of an epileptic fit.

The second case was observed in a hystero-epileptic lady, approaching her climaxes, highly cultured, and belonging to the upper tendom. She always enjoyed good health, was never lascivious in word or in deed, but after some emotional excitements, she suffered from sexual irritation about the time of menstruation, but only in favor of boys under ten years, whereas conjugal cohabitation was disgusting to her.—*Arch. f. Psych.* xv. 2, p. 593.

and typhoid are no more, that is, when people stop being dirty ; the startling figures above merely mean that somebody l—— oh, beg pardon,—made a mistake.—G. W. W.

THE
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Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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EDITORIAL.

Noblesse oblige, our privilege compels us ; we professional men must serve the world, not, like the handicraftsman, for a price accurately representing the work done, but as those who deal with infinite values, and confer benefits as freely and nobly as nature.—
EDWARD EVERETT HALE.

THE Homœopathic Society of this state held its thirty-fourth semi-annual meeting at Grove Springs, Lake Keuka, on the second Tuesday and Wednesday of September. Keuka is the ancient Indian cognomen reviviscent for that "crooked" lake, both by name and nature, which stretches, a great blue Y, from the north-eastern part of the county of Steuben, up into the heart of Yates. Hammondsport is at the south, Penn Yan at the north, and twenty-two miles of crystal-like water between:

Grove Springs, which from the hotel register seems to be a sort of suburb of Chicago, is six miles northward from Hammondsport, on a by no means gentle declivity, against which the hotel rests as if it had started on a journey from the steamboat landing to the crest of this eminence and had halted here for breath—or customers. The springs from which this delightfully situated and commodious resort (according to the proprietor's announcement) takes its name are two innocuous little pools, whose waters, however, have the peculiarity when combined of becoming a very fair commercial sample of black ink. It is not, therefore, the fashion to mix drinks at Keuka : and to prevent any mistake of this sort the hotel people have set apart an amply dimensioned corridor beneath the front stoop, where liquid refreshment is served in becoming simplicity and singleness. It so happened, however, by some fortuitous fate, that the members of the association failed to be made aware of this generous provision, and the hotel clerk was too modest to rectify the oversight.

* * *

INDEED modesty seems to be the cardinal virtue of Keuka, unless it is rain. A more retiring-dispositioned place we never saw. To reach it by any reasonably straight-forward method is impossible, approach it from whichever point of the compass that you may. If you come from the southward you are incontinently dumped at Corning, whence, after a tedious wait, you proceed to Bath and another exasperating delay. Thence a yard-wide railway meanders down the valley the eight or nine miles to

Hammondsport, the engineer and conductor of whose trains are so obliging that they hold themselves in constant readiness to stop any where to take on a basket of grapes (the kind that was served at the hotel should be spelled with an i) or help neighbor Brown drive the predatory cow over the garden wall. But even a railway train can not be forever going nine miles, and at last the 'port and boat are reached. Here inquiry as to when the boat starts elicits—"We're going to wait till the picnic comes aboard; that'll be 'bout nine 'clock." This was at eight; and those who had dined early in New York had gone supperless to bed, and were breakfastless as yet. The Grove was sighted and a shabby excuse for a breakfast at ten o'clock, after spending six hours in covering thirty-five miles.

* * *

THE meeting began with disappointments and ended with a hurrah. The genial President, who attacked the fastnesses of Keuka from the northward, had even a more serious string of adventures than we who had stormed the 'port, and only arrived to find us at dinner. Consequently there was no Executive Committee meeting at 9.30 o'clock, according to the programme which we had been informed would be "strictly adhered to." Nor was there a morning session beginning promptly at 10.30 A. M., but when it was already past noon, vice-President Hollett called the meeting to order in the little chapel near the hotel, and the thirty-fourth semi-annual of the State Society had begun. The President's address being with the President, and Chairman Laird, of the Bureau of Materia Medica,

and Chairman Schley of the Bureau of Histology, both *non est* and non-reporting, after the transaction of some [minor miscellaneous business not unconnected with the payment of dues, the session seemed likely to come to an untimely end. But just now Prof. Dowling, of New York, who had been down on the programme a year and a half previously for a paper on the physical signs in disease, arrived, and finding the session just at its last gasp proceeded to resuscitate it. Dr. Dowling's address was a clear and precise description of the usual objective symptoms in acute cases of sickness, a brief and inadequate *résumé* of which is presented in the paragraph below. At its conclusion, Dr. Couch, of Fredonia, and the author had a brisk tournament as to whether certain sounds denoted a pulmonary œdema or a capillary bronchitis, but just as things were beginning to be interesting the dinner-bell incontinently put an end to the proceedings.

* * *

The subject of Prof. Dowling's lecture was, as we have said The Physical Signs of Disease. It was largely extempore, and in opening he dwelt at some length on the importance to the physician of an accurate knowledge of the diagnosis of disease, and said in part as follows:

If a patient be convinced that the physician having his case in charge has a full knowledge of the nature of the malady for which he is prescribing, he will have implicit confidence in that physician and in his prescriptions. As practitioners of medicine we know how true this is. We know that at the moment we show an evidence of the lack of this knowledge

our patients begin to lose confidence in us, and if in our own hearts we are conscious of a lack of knowledge as to the nature of a malady we are endeavoring to combat, we lose confidence in ourselves, and in our prescriptions.

How important then is the study of the pathology and diagnosis of disease. It is no argument against this that we are true homœopaths, that we believe our law of cure to be a divine law, and that we believe that it matters not what the diagnosis—what the pathological changes—so long as we prescribe in accordance with that law we accomplish all that can be accomplished in the alleviation of suffering. We must have confidence in ourselves. We must inspire the confidence of our patients, and their friends. We all desire to stand well in the estimation of our fellow practitioners. We desire to hold a high position in the profession we have chosen. To this end we must be good diagnosticians. We must have a knowledge of the pathological changes going on in disease. In our efforts to arrive at a conclusion as to the nature of the maladies we are called upon to treat the subjective symptoms are of course important, but of far greater importance are the objective, or more properly speaking, the physical signs of disease; the former, even when correctly stated, which is not always the case, may be evidences of functional disturbances alone, the latter, the physical signs of disease, are generally evidences of pathological changes, and are indicative of derangements of organs of a more serious nature. The doctor then cited functional disturbances of the heart, lungs, and digestive organs, simulating serious organic changes in these organs, and demonstrated how by physical signs we could differentiate, with certainty, the functional from the organic diseases. He said further—the first step toward a proper knowledge of physical diagnosis is a thorough understanding of the anatomy and physiology of the

various organs of the body. The next is an accurate knowledge of the topographical anatomy of the surface of the body, or the relation which the various organs bear to the surface of the body. When he said the anatomy he not only referred to the coarse anatomy alone, but included the histological, the microscopical anatomy. The next step is a thorough knowledge of the pathological changes which take place in the various organs as the result of disease.

In the study of physical diagnosis, it is with the viscera that we have mainly to do, and he asserted that there is scarcely an organic change possible in any of them, which can not by the aid of physical signs be accurately demonstrated.

First in order is inspection of the body—particularly that portion where it is suspected that diseased processes may be going on. The doctor dwelt on the importance of inspection, and claimed that for a proper examination of the thorax the clothing should be entirely removed from the upper half of the body—a light shawl or a piece of thin gauze silk being substituted. He referred to the changes in the color of the skin, the prominence of the veins of the thorax, irregularities and depressions in various positions, the movement of the ribs on inspiration, the breadth of the intercostal spaces, the impulse of the heart, and showed how changes on the surface were produced by pathological conditions of the organs beneath, and said—A mere glance at the uncovered thorax is frequently sufficient to enable the experienced diagnostician to form an opinion as to the nature of the complaint from which the patient is suffering. He then considered palpation, and what can be learned by the sense of touch. He referred to the value of vocal fremitus, as an aid to diagnosis of diseases of the lungs and pleura, enumerating the pathological conditions in which it was increased and those in which it was diminished—in both cases explaining how it was brought about. He refer-

red particularly to the value of palpation as an aid to diagnosis in diseases of the abdominal organs. He then considered mensuration and some of the instruments of precision used in a careful diagnosis of diseases of the heart, lungs, abdominal organs, and nervous system. Percussion came next in order, the speaker claiming that next to auscultation it was the most important aid in the diagnosis of diseases demonstrable by physical signs. He gave the history of percussion, alluding to the trials which Aunbrugger had to contend with when he first brought it to the attention of the profession in the year 1761. Professor Dowling then demonstrated how by percussion we could outline the solid organs, and judge of the comparative quantity of air in the organs, where in their normal condition it is found, showing how accurately pathological changes in the lungs could be demonstrated by percussion alone. He called particular attention to the fact that to arrive at accurate conclusions the percussion blow must be gentle, and said the more gentle the blow, the more satisfactory will be the results. It is impossible to arrive at correct conclusions as to the condition of the organs beneath, if we percuss with a forcible blow, and aside from this we frequently give unnecessary discomfort to our patients, amounting in some instances to actual pain and injury. All that can be learned of the shape and size of the heart, can be learned by percussion—in fact, it is our only method of outlining the heart, unless it be by auscultation of the voice. He then demonstrated the area of superficial cardiac dullness, showing how, and in what direction it was changed in the various organic diseases of the heart and pericardium. In considering auscultation Professor Dowling claimed, that as an aid to diagnosis in pulmonary and cardiac troubles it was of greater value than all of the other methods of physical examination combined. He then gave a history of auscultation, quoting from Laen-

nec's account of his first discovery of auscultation through the aid of the stethoscope. He dwelt upon the value of this instrument, and said—In the diagnosis of diseases of the lungs and heart, with a knowledge of the pathological conditions, and a familiarity with the heart sounds, and the sounds of normal breathing, we can by the aid of the stethoscope in every instance, make a correct diagnosis. He then carefully considered and explained the physical signs of the various forms of cardiac and pulmonary diseases. Closing his lecture the doctor applied what had been said to the diagnosis of a case of croupous pneumonia, enumerating the physical signs of its different stages, and demonstrating the pathological conditions giving rise to them, finally showing how by absorption of the exudation, and the restoration of the circulatory current, with the return of the elasticity of the lung fiber, and of tone to the muscular fibers of the bronchioles, and of the respiratory muscles of the affected side, all evidences of disease gradually disappeared.

* * *

DR. TERRY and three o'clock having arrived the assembly listened to the President's address, a somewhat startling production. Dr. Terry is a prosperous and progressive surgeon at Utica. He is capable of forming definite opinions and holding to them with tenacity. He likes to know rather than believe; and when he knows, or thinks he knows, states his conclusions with pungency and frankness. This is commendable, and has won for him the esteem of the profession, not only of his own section and school, but throughout the state. It was, therefore, not surprising, though startling, to hear from him a strong plea for perceptible medicine. He believes, and thinks he knows, that when medicine ceases to be perceptible to the senses that it ceases to be medicine, and that if the cures reported as made with doses too small

to be detected with our present means of analysis should be carefully examined they would prove to be fraudulent. He therefore desires the society to add a by-law to the effect that any case presented to this society as cured by a remedy at such a potency as carries it out of the limit of perceptible medicine, shall be carefully scrutinized for the purpose of showing that the cure was due to other causes and not to the alleged medicine, which was in reality no medicine at all.

* * *

In this, Dr. Terry revives the contention so persistently urged for many years past by Dr. Paine, of Albany. Dr. Paine, at a recent meeting of the State Society, declared that the society was disgraced by admitting into its transactions papers such as by the editor of the AMERICAN HOMŒOPATHIST, in which curative virtues were ascribed to *lilium tigrinum* in the fifteenth potency. And Dr. Terry would have the society constitute itself a sort of combined prosecuting attorney and presiding judge, to determine the ability, credulity, or honesty of those who make similar reports. We do not believe that the potentists would shrink from such a test if fairly conducted; but if testimony is to be taken in the spirit of *non credo quia impossibile est*, the impossible consisting in a mere assumption, then they might protest against so partial a judge.

* * *

THE other principal feature of Dr. Terry's address was a plea for State Boards of Medical Examiners. We have repeatedly expressed our editorial antipathy to this mischievous meddling of politics in medical affairs. Good doctors are not to be manufactured by legislation. The profession is now as well-educated, as sincere, as able as the people demand. It is the populace that need elevating, not the medical profession, which may be depended upon to keep pace with the

demands of the public in regard to better preparation and more successful service. What the people want in this particular they can have without law; what they do not demand will not be created by stringent statutes, which, in a republic like ours, when not supported by public sentiment, are, and ever must be, nugatory. No one can appreciate the low standard of education and practice in the profession better than the editor, who is necessarily brought in mental contact with a large number of medical men, but the growth into better things must be spontaneous to be permanent; it can not be forced by act of legislature.

* * *

THE address by Dr. Terry was followed by the report on *materia medica*, Dr. Laird, of Utica, chairman. This appeared on the programme as follows:

Subject: The *Materia Medica* of Hemorrhage. Disputants, Drs. John L. Moffat and E. S. Coburn.
Epistaxis—Dr. C. Judson Hill.
Pneumorrhagia—Dr. W. C. Latimer.
Hematuria—Dr. A. P. Hollett.
Uterine Hemorrhage—Dr. W. M. Decker.
Hemorrhagic Diathesis—Dr. E. B. Nash.
Purpura Hemorrhagica—Dr. G. W. Winterburn.
Cerebral Apoplexy—Dr. T. F. Allen.
Hemorrhage from the Digestive Canal—Dr. Asa S. Couch.
The Physiological Action of Drugs in Hemorrhages—Dr. F. F. Laird.

Drs. Moffat, Coburn, Hill, Decker, Nash, Allen and Laird were absent. Dr. Moffat had a reasonable excuse, as he is in Asia; Dr. Laird wrote that he was a childless man who expected before morning to be the father of twins; he sent his paper, which was read by Dr. Latimer. Dr. Hill's paper was stuffed with allopathic recipes, and was severely and deservedly criticised. Dr. Latimer read portions of a scholarly paper, and Dr. Couch detailed two interesting cases, remarking incidentally that he thought it was about time we got past the "hash" period of the *materia medica*. Dr. Winterburn held up

his paper to view, but as it would have taken nearly two hours to read it, he refused to bore the society to that extent. He made a verbal report on Purpura, comparing the principal remedies, especially crotalus, lachesis, phosphorus, secale, terebinthina and rhus, and ended by stating that his paper would be buried in next year's transactions, and invited the members to the funeral.

* * *

The bureaux of histology and clinical medicine made no report, the chairmen and all concerned being absent.

Bureau of Histology:—J. Montfort Schley, M.D., New York, Chairman. Subject: Histology of Sclerotic Kidney. Disputants: Drs. E. V. Moffat and Chas. McDowell.

Bureau of Clinical Medicine:—George E. Gorham, M.D., Albany, Chairman. Subject: Cholera. Disputants: Drs. T. J. Greenleaf and L. L. Brainard.

The bureau of obstetrics presented no papers, but in the absence of the appointed disputants there was a discussion on the removal of the placenta by Drs. Winterburn, Wolcott, and others. Dr. Winterburn stated that he had now for some years followed the plan of rapid delivery of the placenta with very satisfactory results. In former years he had followed the expectant plan, waiting for the spontaneous delivery of the placenta, but that since 1879 he had delivered at once as soon as the child was separated. His plan was to make gentle traction on the cord and at the same time ask the woman to bear down as in sneezing. If this did not cause immediate expulsion, he greased the back of his hand and inserted it with the tips of the fingers held close together, well up into the vagina, or into the uterus if necessary, above the placenta, which was then seized and gently rotated, and so slowly withdrawn. One object for immediate manipulation was this: During the first few minutes after the delivery of the child the parts are benumbed, and handling them is hardly noticed. A delay, however, of twenty minutes or more

permits the parts to regain their sensitiveness, and then the insertion of the hand into the uterus would cause considerable suffering. As a rule, he delivers the placenta in less than five minutes after cutting the umbilical cord, and has good reason to be satisfied with results.

Dr. Wolcott practices a modified Credé method, and is rarely longer than half an hour delivering the placenta.

Bureau of Obstetrics:—Herbert M. Dayfoot, M.D., Rochester, Chairman. Subject: Management of the Third Stage of Labor. Disputants: Drs. J. J. Mitchell and George Allen.

Bureau of Gynecology:—Titus L. Brown, M.D., Binghamton, Chairman. Subject:—The Influences which Cause the Mother to Desire abortion. Disputants: Drs. Titus L. Brown and A. J. Clark.

Dr. Brown read a few remarks, which, however, did not seem to bear much upon the influence which cause a desire on the part of the mother to be aborted, but rather the doctor's opportunity to abort her. One by one the Rochester doctors got up and related their many temptations in this regard, and the persistency of Rochester women in their search for a way out of trouble. Rochester must be a naughty place. The delegates from other towns had little to say; silence is sometimes golden, and New York was mum.

The bureau of surgery presented really a very creditable report. Dr. Spencer standing sponsor for antiseptic methods, and Dr. Lee developing a strong leaning for cleanliness without the addition of mercuric chloride and other germicides. Various members took part in the subsequent discussion, the general tenor of which was that cleanliness did away with all possibility of infection, and so made germicides needless.

Bureau of Surgery:—Thomas D. Spencer, M.D., Rochester, Chairman. Subject: Recent Contributions to Antiseptic Surgery. Disputants: Drs. J. M. Lee and J. C. McPherson.

A motion made by Dr. Hasbrouck and seconded by Dr. Wright just here raised quite a little breeze. This was

to the effect that the Executive Committee be authorized to examine papers presented to the society and to expunge all teaching therein which was contrary to the tenets of homœopathy. Drs. Spencer, Terry and others made remarks exonerating Dr. Hill, whose paper was the prime cause of the motion, finally culminating in an impassioned speech by Dr. Couch defending the use of what are termed allopathic measures, and asserting that "we all do it." This brought Dr. Winterburn to his feet with a somewhat peppery rejoinder, in which he was supported by Drs. Grant and Brown. Dr. Park Lewis, like a good Samaritan, cast oil upon the troubled waters, in the form of a motion to adjourn, and the discussion and solution of this weighty problem went over until the morrow.

* * *

IN the point of numbers attending, the meeting was a success. Including visiting physicians, and other friends, there were eighty-five persons present. Considering the difficulties in the way of getting there this was certainly very good, but the absence of nine chairmen of bureaux out of thirteen, and no report whatever from seven, shows a lax state of discipline on the part of the administration. The privates were there in goodly numbers, but somehow the officers had straggled. It is to be hoped that the President will get after the delinquents with a sharp stick.

* * *

At eight o'clock we all assembled in the dining-room of the hotel at a banquet, by invitation of the Steuben county brethren. It was so denominated on the bill, so it must have been a banquet, but it probably would have come cheaper if it had been called a high tea; that's about the size of it. Dr. Terry presided, and at the conclusion of the meal called upon the clergyman of the parish, whose name we fail to remember, and Drs. Couch, Brown, Wright,

Winterburn and Lewis for remarks; they each responded briefly.

* * *

THIS matter of banqueting and entertaining by the local societies may well call for some plain talk. As a rule, these entertainments interfere with the progress and interest of the session. Papers are read and passed over hurriedly which need criticism and discussion, in order to get an interim for some junketing excursion. Several really valuable papers at this meeting went without a word of discussion; and as far as practical use is concerned a paper at such assemblies serves only as a thesis for debate. If hurried over without awakening discussion they might just as well not have been read, for all the good they do. The idea of appointing two gentlemen to discuss the subject of each bureau, after the reading of the papers, was an admirable one. It is not pleasant to remember that thirteen of these gentlemen absented themselves, and by their absence were responsible for the paucity of debate. Would it not be better to put men forward for such positions who would esteem the honor, would prepare themselves on the subject appointed, and would make the necessary effort to be present? Again, it is not desirable to nominate as disputants such men as Brown, Houghton, Boynton, Moffat, Hasbrouck, Coburn, Mitchell or Covert, because these, if present, will take part in the proceedings, while others who perhaps know just as much, remain silent from force of habit, or from modestly preferring not to put themselves forward until they are asked. The result is that the conduct of the meeting falls into the hands of about a dozen men. Not that these desire to make themselves conspicuous, but because nobody else steps forward to fill the gap. It requires a great deal of *finesse* upon the part of the President to bring forward the silent majority, but the man who has come to the

meeting and taken part in the order of business is the more likely to come again. Every man, therefore, that the President can get upon his feet to express an opinion, is just one more permanent factor in the working force of the society. Just here it may be proper to state that Dr. Terry made a very acceptable presiding officer. He conducted himself with modesty and dignity, kept the work of the convention well in hand, rendered his decisions promptly and clearly, and pleased us all.

* * *

BUT to return to this banqueting business. It lays a load of expense upon a few men, for these local societies are generally small, who can perhaps ill afford it. Each county naturally tries to outdo the other, when its turn comes, and if this thing is allowed to go on, and the rate of expense is permitted to increase, the time will come when the county societies will hardly desire so expensive a luxury as a visit from the State Association. We are certainly all of us very greatly obliged to Drs. Grant, Bryan and the rest for their generous efforts in our behalf; a generosity hampered by the general moistness of things at Keuka (we refer purely to external moisture), but nevertheless greatly appreciated. Dr. Grant did all in his power to make the tedious delay at Bath, to the returning crowd of weary souls, a pleasant interim. His cheery presence and generous hospitality were greatly appreciated and will not be forgotten.

* * *

BUT to return again. We left the banqueted assemblage just coming out of the banquet-hall at Keuka, Tuesday evening. Most of us retired early, and slept the sleep of the just; though one lady, the wife of a distinguished member, had a vague idea that the occupant of the room over theirs went to bed with his boots on, and fell out twelve times in the course of the night. It must have

been the banquet. Some persons always have vivid dreams after eating heartily at night. Besides, the hotel at Keuka is constructed on the plan usually adopted in hostleries of the sort. All noises sound larger in the adjoining rooms. The walls and floor seem constructed on the principle of a sounding-board, except that the sound permeates through them, and is thence redoubled. Still, with all its shortcomings, there are worse places than the Grove Springs House, and we learned a lesson in vulgar fractions which was worth remembering. Those whose term of stay was otherwise than by even days learned without comment, and paid without protest, that half a day's entertainment was worth three-quarters of a day's price. Was it not worth a round trip of seven hundred and twenty-five miles to find a place where $\frac{3}{4} = \frac{1}{2}$ and nothing over?

* * *

THE morning session of Wednesday was a field day for Dr. Sterling. He represented the bureaux of Ophthalmology, Otology, Pædology, Laryngology and Climatology—that is all there was of them, and had there been any more 'ologies (except the doxology) he would have generously taken them too.

But this was what was on the programme:

Bureau of Ophthalmology:—A. B. Norton, M.D., New York, Chairman. Subject: Purulent Ophthalmia. Disputants: Drs. F. Park Lewis and F. H. Boynton.

Bureau of Otology:—Henry C. Houghton, M.D., New York, Chairman. Subject: Aural Therapeutics. Disputants: Drs. Henry C. Houghton and N. B. Covert.

Bureau of Pædology:—Helene S. Lassen, M.D., Brooklyn, Chairman. Subject: Cholera Infantum. Disputants: Drs. E. Hasbrouck and Alice B. Campbell.

Bureau of Laryngology:—Malcolm Leal, M.D., New York, Chairman.

Bureau of Climatology:—Chas. E. Jones, Chairman.

Purulent ophthalmia was well delineated in Dr. Norton's paper, and its importance clearly shown. When it is remembered that one-fifth of all

cases of blindness arise from this cause ; that these cases are all preventable, and almost without exception curable ; that they arise from the ignorance of mothers and nurses, and become fatal to sight through the ignorance and culpable carelessness of doctors, the necessity of a better general understanding of the etiology, progress and treatment of this disorder is apparent. Purulent ophthalmia costs Europe thirty-six million dollars a year, in the care of its victims and the loss of their productive services. The discussion of this paper was intensely interesting. Dr. Park Lewis began it with a ten-minute speech, which for clearness of expression, definiteness of aim, and elegance and refinement of diction, evinced a lucidity of mind rarely possessed even by educated men. We hope to give this little address in full in our next issue. Drs. Covert, Wright, Sterling and others followed. Dr. Sterling, in reply to various inquiries, said that by cleanliness was meant that the diseased eye was to be kept night and day absolutely free from pus, and that the proper care of the eyes in these cases required the constant and unremitting attention of some person, relieved at suitable intervals by another ; that not the slightest particle of pus should be permitted to form, or remain one moment ; that the virulence of the disease must determine the frequency of the cleansings ; that some cases required it every five minutes, while in others the lavation could safely be repeated at intervals of an hour or two ; that the best lotion in these cases was the first decimal of *argen- tum nitricum*, one grain to an ounce of water ; and that even with the most scrupulous care it was practically impossible to prevent the extension of the disease to the well eye.

The society voted to recommend the importance of preventive measures in this disease to the State Board of Health, and also to publish ten thousand copies of a brief address to

parents and nurses on the subject, fifty of these to be sent to each member of the society for distribution.

Dr. Helen Lassen's paper on cholera infantum was well deserving of careful attention, and Dr. Sterling presented it in good shape. Dr. Hasbrouck, not in criticism of the paper but in the discussion which followed its reading, said that our nomenclature needed revising ; that nearly every case of summer complaint in children was denominated cholera infantum, while really cholera infantum was a rare disease, as rare as cases of cholera asiatica ; that there were many cases of muco-enteritis, gastro-enteritis and dysentery, but very few cases which could properly be called cholera.

Dr. Winterburn said that he would like to call attention to a preparation which had seemed to act well as a preventive not alone of cholera infantum, but of all diseases to which young children are subject. Many children suffer from malnutrition, or from other dyscrasie, which tended to develop in the summer into acute disorders. This may often be prevented by the use of bone. He uses human bone, which, after being thoroughly cleansed, is ground. From this bone-dust the third decimal trituration is made, and of this four or five grains is given in each bottle of food, if the babe is hand-fed, or the mother takes a similar amount four times a day if she nurses the child. The child may also be given a grain or two dry, if thought desirable. He has seen this treatment followed by great improvement in the appearance of the little patient, and this improvement seemed due to the administration of bone. It does not interfere with the giving of any other remedy which may seem indicated, and indeed should be looked upon rather as an aliment than a drug.

Dr. Bull read a creditable paper on the cure of hay-fever, in which he has been quite successful ; but the bureau (Laryngology) went by default in the matter of debate.

The bureaux of mental diseases and vital statistics made no reports.

Bureau of Mental and Nervous Diseases—A. P. Williamson, M. D., Middletown, Chairman. Subject: Chorea.

General Description—Dr. S. H. Talcott.

Etiology—Dr. C. S. Kinney.

Diagnosis and Prognosis—Dr. A. P. Williamson.

Treatment—Dr. S. Lilienthal.

Pathology—Dr. N. E. Paine.

Disputants—Drs. Titus L. Brown and W. M. Butler.

Bureau of Vital Statistics—A. R. Wright, M. D., Buffalo, Chairman. Subject: Morbidity Reports.

The roll of bureaux having been called, and the appointments announced, various items of miscellaneous business were transacted, the usual votes of thanks passed, and the society adjourned to meet in Albany in February next.

* * *

AFTER dinner was eaten, baggage packed, and accounts settled, most of us found it about as difficult to get out of Keuka as it had been to get in. A wait of two hours for a boat; a detention at Hammondsport of an hour and a half; another halt of two hours at Bath; and still further delay of an hour at Corning, brought us into New York eleven and a half hours later than we might have been with a prompt start and close connections. So if you go to Keuka allow yourself plenty of time, take your umbrella, and don't get discouraged by trifles.

ITEMS.

Dr. A. B. Norton has removed to 167 West 34th Street, New York.

REMOVED TO SAN FRANCISCO.—Dr. James W. Ward, 335 Geary Street, late of Hahnemann Hospital, N. Y.

Demorest's Monthly begins with the November issue its twenty-second volume. It is one of the most useful of publications, elevated in tone, handsomely printed, and a marvel of cheapness. If the publisher would only insist that the post office authorities should deliver the journal flat, and so not spoil the beautiful pictures by a horrid crease, we could ask nothing more.

Any one having treated cases of *Purpura*, which they can report in detail, showing the homœopathic applicability of any remedy are respectfully urged to send the same to Dr. Winterburn, 29 West 26th Street, New York.

If there is a boy or girl in all the broad United States to whom *St. Nicholas* does not pay a monthly visit, that boy or that girl has just ground for complaint. This charming Magazine costs less than one cent a day, but the veriest little saint in petticoats would be all the better by many cents-worth every day of the live-long year, if *St. Nick* rapped at her door on the 25th of each month. And in this matter, what is sauce for the saint is sauce for the sinner, and *St. Nicholas* is a source of pleasure to all.

THE TREATMENT OF HOOPING COUGH.

—In a clinical lecture delivered at the Philadelphia Hospital Dr. John M. Keating emphasizes the value of the steam spray and the atomization of medicated solutions, among which he ascribes value to eucalyptol and thymol. With the bichloride he advises caution. Corrosive sublimate, which is now used for almost every thing, he says, is a dangerous drug to put into the hands of an inexperienced person. He has used listerine extensively with good results in the treatment of whooping cough. He employs it in the strength of one drachm to two ounces of water, with an ordinary hand-atomizer, directs the nurse to apply it twelve or more times a day, and finds that little children do not object to it. Chloride of ammonium he also finds of great service in the form of spray.—*New York Medical Journal*.

BUREAUX AND COMMITTEES OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.—The following is a list of the Bureaux and Committees appointed to report at Saratoga in June, 1886, together with the subjects selected, as far as known. Already many of these bureaux are busily at work, and we may expect a better series of reports and discussions than we have ever before had.

1. Clinical Medicine.—J. S. Mitchell, 2432 Michigan Avenue, Chicago, Ill., Chairman; W. A. Edmunds, St. Louis, Mo., Secretary; A. S. Couch, Fredonia, N. Y., W. H. Dickinson, Des Moines, Ia., St. Clair Smith, New York City, N. Y., W. J. Hawkes, Chicago, Ill., H. B. Clark, New Bedford, Mass., J. W. Dowling, New York City, N. Y. Subject: "Phthisis Pulmonalis."

2. Materia Medica.—A. C. Cowperthwaite, Iowa City, Ia., Chairman; E. A. Farrington, Philadelphia, Penn., Charles Dake, Hot Springs, Ark., H. M. Hobart, Chicago, Ill., S. Lilienthal, New York City, N. Y., H. C. Allen, Ann Arbor, Mich., Anna M. Warren, Emporia, Kan. Subject not yet selected.

3. Surgery.—I. T. Talbot, 66 Marlboro' Street, Boston, Mass., Chairman; W. L. Jackson, 84 Dudley Street, Roxbury, Mass., Secretary; W. T. Helmuth, New York City

N. Y., G. A. Hall, Chicago, Ill., J. E. James, Philadelphia, Penn., A. L. Obetz, Ann Arbor, Mich., S. B. Parsons, St. Louis, Mo., C. E. Walton, Hamilton, O., J. H. McClelland, Pittsburg, Penn., M. O. Terry, Utica, N. Y. Subject: Inguinal and Femoral Hernia."

4. Organization, Registration, and Statistics. T. Franklin Smith, 62 East 128th Street, New York, N. Y., Chairman; I. T. Talbot, Boston, Mass., W. E. Leonard, Minneapolis, Minn., C. E. Fisher, Austin, Tex. Subject: (1) "Statistics of Institution;" (2) "List and Present Status of Elected Members;" (3) "Autobiographies of Present Members."

5. Obstetrics.—George B. Peck, Providence, R. I., Chairman; Julia Holmes Smith, Chicago, Ill., Secretary; C. E. Fisher, Austin, Tex., Sheldon Leavitt, Chicago, Ill., O. B. Gause, Philadelphia, Penn., C. G. Higbee, St. Paul, Minn., L. S. Ordway, St. Louis, Mo., L. M. Kenyon, Buffalo, N. Y., W. R. Elder, Terre Haute, Ind., Alice B. McKibben, St. Louis, Mo. Subject: "Post-partum Emergencies."

6. Gynecology.—L. A. Phillips, 165 Boylston Street, Boston, Mass., Chairman; S. P. Hedges, Chicago, Ill., Secretary; Phil. Porter, Detroit, Mich., H. K. Bennett, Fitchburg, Mass., M. T. Runnels, Kansas City, Mo., L. L. Danforth, New York, N. Y., B. F. Betts, Philadelphia, Penn., C. B. Kinyon, Rock Island Ill., Robert Hall, Providence, R. I., C. T. Canfield, Chicago, Ill., Subject: "Diagnosis and Treatment of Organic Diseases of the Uterus."

7. Pædology.—R. N. Tooker, 237 Dearborn Av., Chicago, Ill., Chairman; C. D. Crank, Cincinnati, O., Secy; Martin Deschere, New York, N. Y., Millie J. Chapman, Pittsburgh, Penn., J. C. Sanders, Cleveland, O., C. W. Enos, Jerseyville, Ill., W. H. Harrison, Baton Rouge, La., C. H. Lawton, Wilmington, Del., A. A. Whipple, Quincy, Ill. Subject: "Diseases of the Respiratory Apparatus."

8. Ophthalmology, Otolary, and Laryngology.—Alfred Wanstall, 228 North Eutaw Street, Baltimore, Md., Chairman; J. H. Campbell, St. Louis, Mo., Secretary; J. H. Buffum, Chicago Ill., H. C. Houghton, New York, N. Y., F. Park Lewis, Buffalo, N. Y., C. G. Fuller, Chicago, Ill., H. C. French, San Francisco, Cal., H. P. Bellows, Boston, Mass., F. H. Boynton, New York, N. Y., D. G. Woodvine, Boston Mass. Subject: "New Remedies and New Methods of Treatment"

9. Anatomy, Physiology and Pathology.—William Owens, corner 7th and John Streets, Cincinnati, O., Chairman; William Owens, jun., Cincinnati, O., Secretary; M. Pomeroy, Cleveland O., F. L. Davis, Evansville, Ind., J. W. Morris, Wheeling, W. Va., John A. Rockwell, Norwich, Conn. Subject: "Tuberculosis. (1) Tubercle: its Etiology (2) its relation to the Nerves of Organic Life; (3) its relation to Nutrition; (4) its relation to

the Scrofulous Dyscrasia: (5) "Tubercle considered as a Symptom."

10. Sanitary Science.—Lemuel C. Grosvenor, 185 Lincoln Avenue, Chicago Ill., Chairman; D. H. Beckwith, Cleveland, O., H. E. Beebe, Sidney, O., E. U. Jones, Taunton, Mass., Anna M. Warren, Emporia, Kan., R. N. Tooker, Chicago Ill., R. F. Baker, Davenport, Ia., P. Dudley, Philadelphia, Penn., M. H. Waters, Terre Haute, Ind. Subject: "Our Homes: their Hygienic and Sanitary Conditions."

11. Pharmacy and Proving.—Lewis Sherman, 171 Wisconsin Street, Milwaukee, Wis., Chairman; T. F. Allen, New York, N. Y., Secretary; A. C. Cowperthwaite, Iowa City, Ia., P. Dudley, Philadelphia, Penn., C. W. Butler, Montclair, N. J., C. Wesselhoeft, Boston, Mass., W. J. Hawkes, Chicago, Ill., A. Korndörfer, Philadelphia, Penn. Subject: "Potentization by means of Trituration and Succession."

12. Psychological Medicine.—J. D. Buck, 136 West 8th Street, Cincinnati, O., Chairman; S. H. Talcott, Middletown, N. Y., O. P. Baer, Richmond, Ind., S. Lillenthal, New York, N. Y., W. S. Greene, Little Rock, Ark., J. M. Kershaw, St. Louis, Mo. Subject: "Will and Understanding (Consciousness) in Disease, or Disturbed Brain-Function."

13. Microscopy and Histology.—A. R. Wright, Buffalo, N. Y., Chairman; W. Y. Cowl, New York, N. Y., Secretary; C. Wesselhoeft, Boston, Mass., J. S. Mitchell, Chicago, Ill., W. A. Haupt, Chemnitz, Prussia, F. Park Lewis, Buffalo, N. Y., L. B. Couch, Nyack, N. Y., J. C. Morgau, Philadelphia, Penn., J. M. Crawford, Cincinnati, O. Subject: "The Bacteria, of Tuberculosis and of some of the Zymotic Diseases."

14. Medical Education.—Charles E. Walton, Hamilton, O., Chairman; H. C. Allen, Ann Arbor, Mich., Secretary; W. L. Breyfogle, Louisville, Ky., I. T. Talbot, Boston, Mass. Subject: "The Relation to the Institute of Medical Education."

Committees.—15. Medical Legislation.—A. I. Sawyer, Monroe, Mich., Chairman; J. W. Murrell, Mobile, Ala., A. S. Everett, Denver, Col., T. S. Verdi, Washington, D. C., R. Ludlam, Chicago, Ill., R. F. Baker, Davenport Ia., G. H. T. Johnson, Atchison, Kan., L. S. Ordway, St. Louis, Mo., O. S. Wood, Omaha, Neb., H. M. Paine, Albany, N. Y., J. R. Flowers, Columbus, O., Hugh Pitcalin, Harrisburg, Penn., W. Von Gottschalk, Providence, R. I., J. P. Dake, Nashville, Tenn., C. E. Fisher, Austin, Tex., J. V. Hobson, Richmond Va., Lewis Sherman, Milwaukee, Wis.

16. Medical Literature.—F. H. Orme, Atlanta, Ga., Chairman; P. Dudley, Philadelphia, Penn., G. W. Winterburn, New York, N. Y., A. K. Crawford, Chicago, Ill., H. Packard, Boston, Mass.

17. Foreign Correspondence.—T. M. Strong, Homœopathic Hospital, Ward's Island, N. Y.

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HÆMATEMESIS DUE TO MALARIA.

BY

CHARLES FREDERICK STERLING, M.D.,

New York.

Read before the N. Y. Society for Medico-Scientific Investigation.

In the forty-third volume of the transactions of the Medico-Chirurgical Society of London, C. Handfield Jones makes these remarks. "An examination of the circumstances under which any striking symptom occurs is of advantage, as leading the mind to estimate more truly the value of the symptom, to understand more fully its possible import, and to enable us, thus from what is seen and evident, to infer more correctly what is obscure and conjectural. The phenomenon of gastric hæmorrhage is one to which these observations are very applicable; it is never an unimportant occurrence, often one of fearful omen, and it is in all cases of great moment to be able to assign a sufficient and probable cause for its occurrence."

On the 16 of August, 1883, I was called to see Bella I., who had been vomiting blood at intervals since the evening of August 14. I found a young woman about 24 yrs. of age, lying in bed, very pale and exhausted, showing evidence of having suffered severely from hæmorrhage from some source. The history given me was in brief as follows: that on the second day previously, without any warning, she had suddenly been taken with a profuse bleeding from the mouth at a quarter before six o'clock in the afternoon; that on the succeeding day at the same hour she had suffered from a second hæmorrhage. My impression is that there had been hæmorrhages at a corresponding time in the morning previous to my being called, so that she had lost blood four

times at intervals of about 12 hours apart. Dr. Comstock of Lexington ave. had been called and was attending her up to this time when I was requested to meet him in consultation. We continued to visit the case together for several days, until improvement had so far set in that but one physician was deemed necessary.

For two or three days these hæmorrhages made their appearance at nearly the same hour, then became more irregular in their appearance, coming on at two or three o'clock in the morning, also once or twice about the middle of the forenoon, then an interval of 48 hours or more would elapse until they finally ceased altogether.

The quantity of blood that was lost was very irregular, varying from two or three tablespoonsful to not less than 1½ pints.

One of the severest which she had was about the second day after I saw her. These estimates of quantity are not from the description of frightened attendants, but I myself as well as Dr. C., saw them.

The girl who had previously been a well nourished, full blooded person, had become nearly exsanguinated. The lips which had been scarlet, and the conjunctivæ, were as destitute of color as the cadaverous waxy face. The pulse had reached 140, and so weak as to be scarcely discernible. The general exhaustion was of course profound.

I am sorry that I cannot give a more minute detail of the exact number of hæmorrhages and the times of their appearance, but this fact may be accepted without question, that for several days the periodicity of their occurrence was so marked as to attract the attention and call forth comment from the family.

Then coming at irregular intervals they finally ceased, and she slowly recovered her health and strength, and is to-day as perfect a specimen

of physical womanhood as can be easily found.

My object in relating the case is to establish if possible its cause and pathology, not to dwell on the treatment which in brief was follows. At first hypodermic injections of ergotine were used without avail. Cracked ice in quantities served merely to allay thirst and had no hæmostatic action. Various internal remedies were used, and as persulphate of iron and ferrum phos. were being administered at the time the hæmorrhages finally ceased, perhaps they are entitled to the credit of its arrest.

Food seemed to aggravate. Nourishment was maintained for days by the rectum, consisting of Gaunt's beef peptones, milk and brandy. Such in brief was the history of this case. Now what was the matter with her? My first impression, of course, was that it came from some ulcerous erosion of a vessel. I changed my opinion. Dr. St. Clair Smith saw the case in consultation once. He also was of the opinion that it was due to an ulcer, and from there being no history, pointing to ulcer, that it might be one of those rare forms in which the first symptom of an ulceration is the hæmorrhage. My final diagnosis was that it was occasioned by no ulcer, cancer or any thing of the sort, but due to malaria, in other words a case of malarial hæmatemesis. I will endeavor to give my reasons as plainly and briefly as possible.

We now pass to diseases of other organs and structures in the vicinity of the stomach. Taking up this you must allow me to quote again from Roberts this statement. "These chiefly act by inducing extreme mechanical congestion which may follow any great obstruction of the portal circulation, but especially that due to cirrhosis of the liver, thrombosis of the portal vein or its branches, pressure upon the portal trunk or vena cava inferior, and long continued cardiac or pulmonary affections. Acute atrophy of the liver is often attended with hæmatemesis which is

then partly due to the state of the blood. Splenic disease may originate this symptom in both ways." Cancer of the pancreas, aneurisms and omental hernia, complete the list. These last obviously bear no relation to the case, and no cardiac or pulmonary affections exist. Now we have left simply an intense congestion to account for this hæmorrhage. What can produce this congestion? Affections of the liver or spleen, pressure or congestion of the portal system.

Now I think it will be admitted without question that malarious disorders are among the foremost agents in producing diseases of the liver and spleen. Any one who feels inclined to question this statement I would refer to "Drake's Diseases of the Mississippi Valley." In both the prodromata and sequelæ of these diseases is an intense congestion of the portal system. Bearing in mind the anatomy of the venous system a congestion of the gastric walls is a necessary accompaniment. The left gastro-epiploic vein joins the portal just at the junction of the splenic with the latter. The gastric vein along the lesser curvature of the stomach also terminates in the vena porta. These two are among the principal vessels forming the portal system, and a congestion of this system is necessarily shared in by these gastric veins. Now that a congestion here should be followed by a rupture of the over filled vessels is certainly a natural possibility.

In Ziemssen, vol. vii., Leube says—"Now the wall of the stomach is especially liable to the occurrence of a hæmorrhagic infiltration. The very arrangement of the capillaries, their interposition between single venous radicles on one side, and double arterial radicles on the other, impedes to a certain extent the flow of capillary blood. The contraction of the muscles, especially during digestion has a similar effect. If to these causes we add also a continuous passive congestion from *remote causes*,

* * * * * it is easy to see how a laceration of the wall of a vessel, and the formation of a hæmorrhagic infiltration can be produced."

Handfield Jones, says, "That malarious disorders should produce hæmatemesis is only what might be expected." As a matter of fact they are rare. Leube says, "There is an interesting form of recurrent hæmatemesis which occurs under the influence of malaria." I have fortunately been able to find several cases reported which bear out this proposition. In the London *Medical Times and Gazette*, vol. ii. (1855), pp. 410 et seq., Jones reports a case in which the chief symptoms were those of obscure aguish disorder. This patient, a woman, lost about a teacupful a day for three weeks, the hæmorrhage commencing each day about 2 P. M. and lasting well into the evening. The blood was lost in mouthfuls at a time coming up with a short cough. He says in his comments on this case. "I entertain no doubt whatever of the malarious nature of this woman's disorder and that the hæmorrhage comes, in part at least, from the stomach." In the *Annales de la Societ. de Med. d'Anvers*, ii., 218 (1870), Boon reports a case of ague of the tertian type in which the patient lost large quantities of blood from the stomach on alternate days, to such an extent that she became very "anæmic." He cured this case by quinine.* Three years ago this last summer, Dr. Bradford of this city, had a case also in a young housemaid, in which after a preliminary period of some little time, of symptoms very malarious in their character,

she was taken with a profuse hæmorrhage from the mouth, of stomachic origin, at about ten o'clock in the morning. This returned for several days at nearly the same time, though showing a tendency to postpone a little. She recovered. In my own case the patient had for three months previously suffered from symptoms pointing strongly to a malarial origin. She complained of great lassitude. All exertion was a severe trial. She had great weakness in the knees; they seemed unable to support her. Her sleep was heavy and sound and it was difficult to arouse her. She complained of a weight and fullness in the region of the stomach, pain in the left side in the vicinity of the spleen, also reaching around to the back. She had no appetite for food in the morning and but little at noon. After twelve o'clock however these symptoms all passed off and by the latter part of the afternoon she would feel as well as ever. She had an excellent appetite for dinner at 6 P. M., and suffered no distress whatever from the meal. Seven years before she had endured a violent attack of chills and fever on Staten Island, for which she had taken quantities of quinine. In view of this history and the utter absence of any history pointing to ulcer, carcinoma, irregular menstruation, cardiac or pulmonary troubles or traumatic causes, I think I am justified in attributing this hæmatemesis to a malarial origin.

The recognized causes of hæmorrhages from the stomach are various. The most concise tabulation I find in Roberts, as follows. Other authorities give the same in different language. Roberts says—

- 1.—Traumatic :
- 2.—Diseased conditions of the blood :
- 3.—Vicarious :
- 4.—Injury by foreign bodies or destructive chemical agents which have gained access into the stomach :
- 5.—Abnormal conditions of the stomach itself, including congestion from any cause, inflammation, ulceration

* In the *Siglo Med.* published at Madrid, in the fourth volume, page 116, year 1857, Bonet y Lacasa (J. B.) report a case of intermittent hæmatemesis cured by quinine. In the *Rev. de therap. du midi Montpel.*, 1852. iii., 555 et seq., R. Falot reports a case of intermittent hæmatemesis cured by quinine.

Dr. Kennard reports an extraordinary case of hæmatemesis from chronic inflammation and enlargement of the spleen in the *St. Louis M. and S. Journal*, 1875, N. S., xii., p. 423 et seq.

tion, cancer, atheroma, embolism or varicose veins :

6.—Diseases of other organs and structures in vicinity of the stomach :

7.—Swallowed blood, either from the respiratory organs, as in epistaxis, hæmoptysis, etc., or blood from outside sources, either administered as a therapeutic measure, or taken by hysterical girls or malingerers.

Now to some cause included in this table must we look for its source in this case. Let us take them up in order.

Traumatic may be thrown out at once.

A diseased condition of the blood in this classification refers to those changes produced by such affections as yellow fever, typhus, etc. In this case it has no place.

Vicarious hæmorrhage is generally in connection with deficient menstruation ; in all cases with *some* irregularity or disturbance of that function. In this case the function was perfect.

Injury from foreign bodies or destructive chemical agents within the stomach must be dismissed, from the utter absence of any history of accident, suicidal tendency, lesions of the mouth, throat, etc.

In regard to swallowed blood, the patient was neither hysterical nor a malingerer, nor had she been taking it for therapeutic purposes ; moreover her exsanguinated condition was evidence sufficient that her own system furnished the blood and suffered from the loss. There remain then two general causes which we must consider more in detail.

These are abnormal conditions of the stomach itself, and diseases of adjacent organs.

In the first we have seven subdivisions :

First vomiting and retching. There had been no history of such a condition producing strain or rupture ; the first vomiting was of the blood itself. Inflammation must have been preceded or accompanied by some symptoms of gastritis ; they were absent. Cancer must have symptoms

before or after ; there had been no pain ; there was no cachexia ; her age was against it ; she has had no evidence of it since, now some 24 mos. An atheromatous condition of the vessels would be found elsewhere as well ; it is peculiar to the aged ; she is a young woman of superb physique. Embolism and thrombosis are generally the result of cardiac troubles ; no rheumatic history is present, nor do I know of her ever having complained of the slightest symptom referable to the heart ; on the contrary she denies it.* We have left congestion and ulceration. Congestion we will discuss in connection with the next division, viz : diseases of adjacent organs. Ulceration is perhaps the most common cause of stomach hæmorrhage. Bartholow, quoting the statistics of Handfield Jones, says, "It is rendered pretty certain by these figures," (that such is the case). The same figures show a percentage of nearly seventy-five females, out of one hundred suffering from hæmatemesis.† Did she have an ulcer ? I hardly feel like wearying you with an enumeration of the symptoms of an ulcer of the stomach. Still a few must be mentioned. Niemeyer says, "Among the most frequent, are pains in the epigastrium. The patients complain of a steady pain in the pit of the stomach which is increased by pressure, and is generally particularly severe at some circumscribed spot ; partly of paroxysms of severe pain, which starting from the epigastrium extend toward the back and are designated as cardialgia. The sensitiveness to pressure is usually very great. The attacks of pain generally occur soon after meals. Vomiting is almost as constant a symptom as pain and sensitiveness. The course of the disease is either rapidly fatal or very tedious. The general health of the patient be-

* A recent careful physical examination failed to detect the slightest cardiac lesion.

† Again ulcer of the stomach is a comparatively frequent disease in young housemaids, which was this patient's occupation.

comes impaired, rapid debility and a pale cachectic look making their appearance, though this is not invariably the case. Bartholow says, as well as others, that an individual in perfect health apparently, may have an ulcer, the first intimation of which is the intense pain, vomiting of blood, profound prostration, and death in a few hours, but I think medical literature may be searched through in vain for a case of gastric ulcer where the hæmorrhage is the only symptom from beginning to end with recovery. Now with the exception of the hæmorrhage not one of these symptoms was observed in this patient, either before or since, and with the cessation of the hæmorrhage the patient began her recovery which in due time was perfected. I think therefore we are justified in eliminating ulcer as a cause in this case.

SYZYGIUM IN GLYCOSURIA.

BY

E. M. HALE, M.D.,

Chicago.

Several months ago there appeared in the London *Lancet* a notice of the use of syzygium in the treatment of glycosuria. The seeds are the officinal portion. It is an East Indian plant, and is used in diabetes by the native physicians, who give the pulverized seeds, in 20 or 30 grain doses. Their use gives rise to no unpleasant symptoms, gastric, intestinal or urinal, but they have an undoubted power to lessen the sugar in the urine.

Dr. Hughes, of London, in the "*Homœopathic World*," reports one case which improved under drop doses of the 20th dilution.

I have lately had an opportunity of observing its effects in two cases of glycosuria, and the results are worthy of record.

Case I. Mr. C. C. C——, a very wealthy and intelligent gentleman of Chicago, several years ago—four or five—found that he was suffering

from glycosuria. He was at that time traveling in Europe, and was treated by the most eminent physicians in London, Paris and Vienna. The amount of sugar fluctuated from 12% to 20%, never less than 12. No medicine or diet was able to reduce it below that quantity. The Specific gravity was always high, 1.036. Quantity usually 9 to 10 pints. He had lived on skimmed-milk and gluten bread for a year at a time. Had taken every known remedy in both schools. I put him upon bromide of arsenic, and again upon lycopus vir, but with no change.

A few weeks ago one of his medical friends showed him the London *Lancet*, in which was a mention of *syzygium*. He immediately telegraphed to New York and London, and after weeks succeeded in procuring the seeds. From these he had a decoction made, according to the following formula :

℞. Pulverized seeds of syzygium one ounce, hot water one pint. When sufficiently infused add glycerine one ounce, which prevents fermentation. Dose : one teaspoonful three or four times daily.

Mr. C. took this preparation ten days, sometimes taking a tablespoonful. No pathogenetic symptoms were observed. As to its curative effects I can but describe them by giving *verbatim* a characteristic letter from the patient himself :

CHICAGO CLUB, June 10, 1884.

DEAR DR. HALE :

No Sugar! Sp. gravity very high, 1.036, but no sugar. That is the most remarkable medicine in the world, for that purpose. Proclaim it to the world! From 12 % to 15 % of sugar, never under skim milk reducing the amount below 7 per cent., it has come after *ten days'* use of syzygium to *no sugar!* only highly concentrated, seven per cent. of urea, but that does not matter. It will take out the sugar. I have kept records for two years, and never before without finding large quantities of sugar.

A daily record and a monthly analysis (I have made for two years): *Quantity* reduced at once from eight to nine pints in 24 hours to less than four. It will show that result within 40 hours, yes, within 30.

Yours sincerely.

C. C. C.

The next day Mr. C. started for Europe, promising to report on his arrival. I may be able to give his report appended to this paper.

Case II. Mrs. Clark, aged 70. Sugar was first observed in the urine two or three years ago, but probably had been present before, as she had been failing in strength and becoming emaciated before that date. Had been under the care of a physician who gave her acids (phosphoric, nitric) in large doses, with some improvement. Before giving syzygium the urine showed 10 per cent. sugar, sp. gravity 1.036, quantity 4 quarts. Prescribed 5 grs. of a trituration made by mixing equal parts of the pulverized seeds and sugar of milk. Analysis after a week's use of the drug showed sugar 9 per cent., sp. gravity 1.042, quantity $3\frac{1}{2}$ quarts (56 ounces).

This showing was not satisfactory, and the medicine was prescribed in the form of decoction, prepared as follows: one ounce of the pulverized seeds was infused in one pint of hot water. To this was added one ounce of glycerine to prevent fermentation. Of this she was ordered to take a teaspoonful four times a day. In a week the urine was found to have a sp. gravity of 1.0365, sugar 6.66 per cent., average daily quantity 64 ounces (4 quarts).

Although the sugar has notably decreased, the amount of urine had not, but had apparently increased. I say apparently, for the patient thought she had drank more water than usual, and the water was from the "Silurian" spring at Waukesha, which is decidedly diuretic.

She was ordered to take *two* teaspoonfuls four times a day of the same decoction. In fourteen days the urine was again examined and

showed a specific gravity 1.032, sugar 5.25 per cent., quantity averaged 40 ounces daily.

As the patient was going to her home in Ogdensburg, N. Y., I had a fluid extract of the syzygium made, five drops of which is equal to one ounce of the decoction. This she takes with her, and has promised to report in two weeks. Should I get the report before this is printed it will be added to this paper.

These two cases, together with the one reported by Dr. Hughes, show conclusively that it has the power of diminishing the sugar, the quantity and specific gravity of the urine of glycosuria.

DIGESTION, AND THE REMEDIES FOR ITS IMPERFECTIONS.

BY

GEO. H. TAYLOR, M.D.,

New York.

Nothing can be more self-evident than that the digestion of food is inseparably connected with the manifestation of the varied forms of vital energy of which the organism is the instrument. This proposition accords fully with the practice and experience of persons unversed in physiology. The fundamental purpose of aliment is *use* in supporting the energy which the organism dissevers from it, and which becomes manifest as physical, as sensory, and as mental power. The materials of food with which energy is incorporated and held till thus severed, return to the air and the earth whence they came, and again in due course to repeat the service of storing and yielding energy.

Digestion in the physiological sense is solution in the cavity of the organs adapted to receive food ingested preliminary to its becoming imbibed through the walls of these organs to enter upon its vital uses. It is very necessary for the proper understanding of the faults of digestion that a sharp distinction be made between *digestion* and *nutrition*, which in the popular

estimation, and even in medical practice, are often merged together.

Digestion effects little change in aliment further than is required to prepare it to pass freely through the walls of the digestive organs to join the mass constituting the organism.

Nutrition is what occurs after digested matter has passed *from* the digestive cavity and entered the vital system. It is intimately related to the demands of the vital organs; it is devoted to the support of vital activities. By means of nutritive processes the energy imported with aliment is dissociated from the material substance; it is the separation of this energy that is the prime object of the vital mechanism.

The dissociated material instantly emerges from the system. The organism has no power to detain matters from which energy has been separated. In the act of dissociation the material assumes the gaseous and vaporous forms, which with water and salines, immediately appear at the appropriate outlets.

While, therefore, digestion occurs within the cavity of the body, but exterior to the vital tissues, and leading thereto, nutrition occurs wholly within the vital domain, and consists of a progressive series of processes leading exterior to the organism, the materials arriving thereat only on the completion of the last of the series of chemical changes.

It will be seen therefore that digestion by no means includes nutrition, nor is digestion equivalent to nutrition. It does not in the least include the disposal by the system of digested products, or the dissociation from the constituent elements of food of the energy with which it is invested, and which it is the purpose of the organism to liberate and render available.

Food therefore may be ingested without becoming digested, and this may be no fault of the digestive organs. This, in fact, usually occurs in incipient stages of disease of the digestive organs. At this time

the conditions for rendering aliment fluid are not provided. These consist of peculiar fluidizing secretions afforded by the walls and glands of the digestive organs, and in this case are wanting either in quality or amount. Under these circumstances there is no protection of the ingested mass from the operation of ordinary physical laws such as would occur at the temperature and moisture of the same mass in other situations.

The digestive organs may not be culpable; the alimentary mass should not be where there is no occasion for it. The digestive organs are subjects of abuse rather than for blame under these circumstances. Food also may be ingested and be favored with an abundance of proper quality of digestive secretions, and even then fail to pass the investing walls of the organs. The fluid mass may not be called for by the parts it is adapted to reach, in which case the fluidized aliment becomes useless and an incumbrance on the local organs. The consequences will differ from those of the previous case, but are no less calamitous. Digested material remaining in the cavity is still outside the vital organs, and is still a useless mass, foreign to its location. Decomposition is still imminent, and morbid impressions on the digestive walls would be evidence of failure to fulfill the nutritive destiny of food. Then naturally follows a pathological series of events. The walls of the stomach and other digestive organs being in contact with foreign matter are subjected to irritation, partly mechanical, partly chemical, and the afflux of blood thereto occurs, which is the constant effect of similar causes in any portion of the organism. The nerves are impressed by the same cause of irritation, and the nervous mechanism radiates the irritation to the furthestmost boundaries of the organism, tending to subvert all processes under the same influence.

To render the illustration of the principle more pertinent and instructive, let it be supposed that the walls

and secretory organs of the digestive cavity have become disabled by the frequent repetition of the circumstances above noted, or others equally injurious to the vital membrane of the organs containing ingested material. This refuses or is incompetent to afford the necessary solvent, and food if ingested necessarily becomes subject to the laws of ordinary chemistry, which, in relation to time and place, and only in such relation, are decidedly morbid; violent sensory impressions radiating throughout the nervous mechanism engage the limited vital activities; the nervous activities become paramount, while the muscular system is robbed of its dynamic capabilities. Portions of the gases and other poisonous products of such decomposition find their way slowly into the blood to deteriorate all the vital processes.

This would be indigestion. The sensory part of these happenings would constitute the evidences of indigestion or dyspepsia. A little reflection shows just where the fault lies. It is not in the digestive organs. Indeed these organs may primarily have done their work well and still be followed by extreme suffering there located. To explain this apparent inconsistency, and to enforce the principle under discussion, let it be supposed that ready digested food be supplied in a state of perfect solution. Or to make the supposition accord with constantly repeated therapeutic practice, let the alimentary mass be subject to the action of the digestive secretions of a slaughtered animal—to some effective form of the many preparations of pepsine with which the drug market is flooded. It is still to be seen that an *additional factor* is required to make digestion of the least service, and to prevent the occurrence of local digestive derangement accompanied by morbid sensations, and some one or many of the distresses referable to the digestive organs.

The further condition for completing the use by the system of ali-

ment may, for convenience, be included under the descriptive word *nutrition*. By this term may be understood the several distinct physiological processes of absorption of the fluidized aliment; its reception by the blood; its distribution throughout the body; its appropriation by the acting vital tissues, as nerve centers, muscle cells, etc.; and the chemical change of the material whereby energy is liberated and the material reduced to innocuous because completely oxidized products. These are stages of one career having a single aim and normal termination.

The purpose which is usable energy, fails when chemical resolution is incomplete. Nothing is plainer than that the amount of aliment which can usefully enter on the career of processes, must be governed by that which is disengaged, and that the latter does not depend on the former.

Let this series of physiological acts which have a unity of purpose pointing to one and only one outcome, be compared for illustration, to the physiological passage of an object between narrow walls, having a rather tortuous course, leading to a single opening, as that of water through a tube.

It is clear that the amount entering the tube at one end is entirely controlled by the amount suffered to be discharged at the other end. If the mechanism be so constructed that the entering end be much broader than that delivering, no advantage is gained as respects the amount entering; this is still controlled by the restrictions and expansions to which the *delivery* is amenable. Such breadth of reception may indeed be a great disadvantage in point of security in the arrangement; for example, if the confining walls should have possible weak points, these, under the conditions supposed, would be subjected to unnecessary strain and probable danger; avoidable by proportioning the inlet to the probable capacity and requirements of the outlet. It there-

fore appears that digestion and digestive power are in the nature of things entirely controlled by nutritive activity, which alone represents the uses of food. In the absence of nutritive activity, and the changes of matter implied thereby, food is useless. The best that can happen to aliment under these circumstances is for it to decay in the digestive organs, before entering into more intimate relations with vital parts. In this case symptoms of a warning nature arise, protective of the vital interests. It follows that true therapeutics of the faults of digestion, however manifested, and whatever parts become affected by nutritive failures, have very little to do with the digestive organs as such. Indeed tampering with them is liable to prove injurious, especially if by that means the local action of the parts secreting digestive fluids should thereby be in fact increased. So much of material to be disposed of would be thrown upon the restricted outlet and its weakened intervening parts included in the nutritive factor of the career of alimentary supplies. True therapeutics of faulty digestion is directed solely to the perfecting of the uses of fluidized and absorbed aliment. It is only when the *use of nutritive supplies* is in proportion to the amount supplied at the digestive entrance to the vital organism, that good digestion is possible. Remedies whose effects are limited to the digestive organs, or to any portion of them, as the stomach, glands, the liver, the pancreas, the mucous surface of the alimentary tube, are necessarily *pal liative* in effect and character. They can have no effect on the current uses the vital system is making of its supplies. These remedies have no power to advance the sufferer in the way of health. In chronic cases, they are deceiving, and perpetuate the necessity for their constant repetition. They call attention of the sufferer to the incidents of his infirmity and restrain him from the consideration of the fundamental and

controlling facts of his case. So far as the remedies thus provided are effective in the special purposes they are said to meet, their influence is injurious. They increase the sensory importance of the local evidence of misuse of food, without in the least increasing the activities of the series of nutritive acts by which alone space for digested material is provided in the vital system. Local medication of the digestive also fails in the most important department of what is therapeutically required. The essential point is the correct proportioning of the alimentary supplies to nutritive uses. While therapeutics is charged with opening up and promoting these uses, it is plain that temporary restriction must be placed upon the supplies, else such increase of uses may fail in reaching the required equality of the one to the other. The equality is self-controlled in health, but the governing function in deranged health is also deranged, and the securing of due proportion between supply and use temporarily devolves on the judgment and experience.

Now peptic remedies imply no idea of proportion of supply to uses, but on the contrary quite discourage any such principles. Such remedies therefore, if long continued, utterly subvert the natural regulating function of the nutritive mechanism, and are liable to perpetuate the trouble and lead to its increase.

Prof. Sigel (Stuttgart) witnessed most rapid effects from the use of oil of turpentine in diphtheria. He gives it internally one to three times daily, a tablespoonful; and in four cases the already proposed tracheotomy became unnecessary. He never saw any bad sequelæ. Scrofulous children are especially disposed to diphtheritis, aggravated by the so frequent hypertrophia tonsillarum, inasmuch as the enlarged tonsils and its dilated capillaries offer a suitable soil for the propagation for the bacillus of diphtheria.

PURULENT OPHTHALMIA.

BY

F. PARKE LEWIS, M. D.,

Buffalo.

(Remarks before the N. Y. Hom. Medical Society
at Lake Keuka.)

Some weeks ago I returned to my home after an absence of several days, and found awaiting me among my patients, a young mother who had with her her infant child. She came from a small Canadian town perhaps a hundred miles away for the purpose of getting advice and treatment for her child. The story was, in brief, that ten days before, she awakened in the morning, to find the eye of the little one reddened and swollen. The village doctor was immediately sent for, and prescribed a wash with which the sensitive lids were to be bathed, assuring the mother at the same time that no serious consequences were to be feared. His ministrations continued for a week, and notwithstanding the fact that he at no time obtained a view of the cornea, his prognosis day after day was equally sanguine. In alarm at the continued inflammation, which was accompanied by a most profuse blenorrhœa, the mother finally determined to seek special treatment and the infant was brought to Buffalo. A careful examination disclosed the fact that the entire anterior portion of the eye ball was a necrotic mass, the cornea having completely sloughed away. As I looked up into the face of that poor mother, scarcely more than a girl herself, as she sat anxiously waiting to know what could be done for her child and wholly unprepared for so terrible a verdict, I could scarcely find it in my heart to tell her that her little one was hopelessly, irretrievably blind. When I did finally tell her as simply and as kindly as I could that the destruction had been such as no human skill could restore, I shall not soon forget the wail of agony with which she sank half fainting in her chair. And this, unfortunately, Mr. President and Gentlemen, is by no

means an unusual case. Only too frequently is the oculist called upon to witness results which like this one are due either to the culpable ignorance or criminal negligence of the attendant.

Several years ago, with a view to determining the most common causes of blindness, I made an examination of the eyes of the inmates of the State Asylum for the Blind at Batavia. As the children were brought before me, one after another, the great protruding staphylomatous eyeballs told only too clearly the story of purulent ophthalmia, and the histories in the majority of cases indicating it as the ophthalmia of infancy.

I hold in my hands one of the graphic charts prepared by Dr. Magnus of Breslau, and the various colored lines show by their length the relative frequency with which various diseases have given rise to blindness in 2,528 cases which he examined. Of these this red line, which far exceeds all of the others in length, represents ophthalmia neonatorum, and this which is next to it and than which it alone is greater is for blenorrhœa in the adult. Together, gentlemen, these two forms of purulent inflammation are responsible for over 20 %—over one-fifth of all the cases of blindness examined! These facts speak for themselves and little need be said. I desire, however, to lay down the following propositions:

1st—Ophthalmia neonatorum is alarmingly common.

2d—It is a disease largely preventible.

3d—Taken in its early stages it is in almost every instance thoroughly manageable.

4th—Uncared for or mismanaged it is frequently fatal to the sight.

5th—As statistics have shown it is in a large proportion of cases either neglected or improperly treated.

I do not now desire to occupy the time of the society by a further consideration of the nature and treatment of this disease. Indeed, so admirable and complete have been

the papers presented that on these subjects little has been left to say. But the importance of the propositions which I have formulated, leads me to ask this society to take official notice of the matter and through a committee to urge such action upon it by our State Board of Health, as will tend to familiarize midwives and mothers with the danger of inflammation of the eyes in the new born, and the necessity of its early treatment. Circulars such as I hold in my hands giving in the simplest way directions for its care and urging the importance of its treatment are issued broadcast by the London society for the Prevention of Blindness. A similar leaflet generously distributed among our own poor, would be of incalculable benefit. This should be done by our authorities. I move you, therefore, Mr. President, that this matter be referred to a committee of three with power to take such action as in their judgment may seem wise*.

WHEN AUTHORITIES DIFFER WHO SHALL DECIDE?

BY

A. A. GOLDSMITH, M. D.,
Eagle Grove, Iowa.

Will some of the able contributors to the HOMŒOPATHIST kindly explain to me through its columns, the seeming contradictions as found in our various *Materia Medica* and works on Therapeutics; and thus enable me to make an intelligent and scientific study of drugs, and at the same time render me capable of discriminating between the false and the true. Admitting that all authors in the main agree, yet at the same time there are decided points of difference; and where we find such men as Carroll Dunham, Constantine Hering, Samuel Lilienthal, Henry Minton, and others, apparently colliding, what are young homœopaths going to do? and who are we to accept as correct?

* This was done. Ten thousand leaflets were ordered printed, and a special committee was appointed as suggested.—G. W. W.

In studying the action of *Murex pur.* on the healthy human economy, or the indications for its use in disease, will be found under heading, "discharges," page 160, "*Lectures on Materia Medica*" by Carroll Dunham, M.D., these symptoms: "The menses are delayed." "After flowing a few days menses cease, and after twelve hours reappear."

We then turn to page 226, Minton's "*Uterine Therapeutics*," and find staring us in the face, "Menstruation—too early and too profuse, amounting to hæmorrhage." Are both these gentlemen correct? and if not which of the two are we to accept as authority?

The proving recorded by Dr. Petroz, as found on page 371, "*Homœopathy the Science of Therapeutics*," by Carroll Dunham, M.D., Prover No. 1, 12th day, records: "In the evening menses appeared abundantly," but no mention is made whether they appeared too early, or too late, or at proper time. Prover No. 3, reported on 4th day, "On going to stool, blood flowed copiously," but did not appear to last long, as nothing of the kind is recorded on any subsequent day during the proving, and again we meet a similar omission or defect to the one above. In "*Resumé of the Pathogenetic Symptoms of Murex pur.*" by Dr. Petroz," under, "Genital organs," symptom 47, "Return of bloody discharge from the vulva on going to stool (fourth day) a part of the day; it ceases and reappears." On page 376, of same work, will be found a report of a case, ("clinical observation" No. 1), which would seem to bear Dr. Minton out, still, I would like more light on the subject.

Dr. S. Lilienthal, page 504, "*Homœopathic Therapeutics*," mentions profuse menses, but does not state whether they are postponing or anticipating; but on page 792, he (Dr. L.) mentions anticipating menses, etc., and records a similar symptom to one incorporated in Dr. Minton's work, page 226, namely, "patient lively and

in good spirits," a mental condition, that is not to be found in Dr. Petroz's provings and "clinical observations," nor provings on patients by M. de B., furnished by Dr. C. Hering, and reported in "Homœopathy the Science of Therapeutics," pages 371-385, but is flatly contradicted as is also the case in Dunham's, "Lectures on Materia Medica," if I interpret them aright. It is true Dr. Minton records, on page 227, "Uterine Therapeutics," symptoms of mental depression under "concomitants," but if we are to accept the history of "clinical observation" No. 1, as reported by Dr. Petroz, the mental depression, or "deep sadness," as he puts it, is experienced at the approach of the menses, but he does not state whether that sadness continued during the flow. However, he does say, that between the periods, all the symptoms diminish, but reappear with their usual severity at the recurrence of menstruation, a statement which led me to think, the sadness continued while flowing and partially abated during the interval, which was of short duration. In "clinical observation," No. 2, page 378, "Homœopathy the Science of Therapeutics" he (Dr. P.) mentions an "inexpressible anguish and frequent syncope, due to a painful aching in the whole hypogastrium, which ceased when the menses began to appear;" but nowhere can I find in my limited library, a mention of the symptom, "patient lively and in good spirits" coupled with menstruation, except in Dr. Minton's "Uterine Therapeutics," and Dr. Lilienthal's "Homœopathic Therapeutics," as before referred to an observation that has led me to investigate and ask for knowledge; as mental depression, apparently attends the flow in the cases cited by Dr. Petroz and M. de B., and appears through the former's provings, and in Dr. Dunham's Lectures on Materia Medica; while, in Drs. Minton's and Lilienthal's works, the opposite mental state seems to accompany menstruation. Before closing, I wish

to call your attention to some of the throat symptoms of Ignatia, as recorded or handed down to us as guides by the various authors. Dr. C. Hering records page 457, condensed "Materia Medica," "Stitches in the throat, only between the acts of swallowing." "Sensation as from a lump in the throat when not swallowing." "Throat worse when not swallowing and when swallowing liquids; better when swallowing food." Dr. J. D. Johnson incorporates in his "Therapeutic Key," page 296, the same symptoms, but emphasizes the word "not," in the first instance, and "not swallowing," in the second. Dr. Lilienthal, pages 675 and 726, gives similar symptoms, as also does Dr. T. S. Hoyne, in his Clinical Therapeutics, Vol. 1, page 242; but Dr. H. goes still further, and says, "When swallowing sensation as if he swallowed over a lump, with soreness and cracking noise," and also states that, "There is difficulty in swallowing both solid and liquid food;" and "The more he swallows the better he feels." The first of the above three symptoms, is also incorporated in Dr. Minton's "Uterine Therapeutics," page 167, with "swallowed over a lump" in *Italic*. Is this sensation of a lump in the throat more decidedly felt when *not* swallowing, or *when* swallowing, or, in other words, how do we reconcile, "Sensation as of a lump in the throat, when *not* swallowing" and "Sensation when swallowing as if she *swallowed over a lump*, causing soreness and cracking noise." Dr. Dunham, in his "Lectures on Materia Medica," page 125, says: "The sore throat of Ignatia, which is a sticking sensation, is felt more when swallowing than when the throat is at rest," while on the other hand, Drs. Hering, Lilienthal, Johnson, and others, give us "Stitches in the throat, when *not* swallowing." Dr. Hoyne give us, "Difficulty when swallowing solid or fluid food," and Dr. Hering says, "Throat worse when not swallowing, and when swallowing liquids, *better*

when swallowing food." Some of these symptoms certainly appear to me more or less contradictory, and wherever the error lies I am anxious to learn, and more particularly so, should I be the one at fault. It may be, that I am more easily mixed than the majority of my professional brethren, as I am only, as yet, in my infancy in the practice of medicine.

PURPURA HÆMORRHAGICA.

BY

J. L. GAGE, M.D.,

Vassar, Mich.

In the August number of the *HOMŒOPATHIST* much space is occupied by the subject of purpura. It may be well to devote attention to one disease until we learn all there is to be learned, and then turn attention to some other in like manner. The same idea is being carried out in discussing medical subjects in society meetings. It would be desirable for some one to collect all that can be learned about this disease and its treatment, and publish it in a condensed form, with a repertory for easy reference when required*. In about twenty years practice I have seen but little of the disease proper. The pathological condition that gives rise to it is developed in apparently healthy subjects, but is a succedent to acute diseases, in spinal meningitis, typhoid, and other malignant fevers, in the form of petechiæ, ecchymoses, hæmorrhages from various organs, resulting from the altered condition of the blood. Some people have the hæmorrhagic tendency so strongly marked that the slightest scratch bleeds profusely, a slight bruise is ecchymosed extensively. Some bleed from the nose, lungs, bowels, and other organs, and even through the pores of the skin. Some people in very good health have purple spots appear in various places,

* Dr. Winterburn has such a work in press now, and it will be issued next month.

generally on the limbs, come and go, and cause no inconvenience. About a year ago I had two patients, stout-built young men, lymphatic temperament; had had nose bleed more or less for years, but gradually growing worse, they bled frequently and profusely, were much debilitated. I cured both these cases with *Calcarea carbonica*⁶, a few doses each. I remember distinctly a peculiar case I had some thirty-five years ago. Was called to see a child about a year old. One foot was swelled to the ankle and black, a purple or black spot as large as a dollar on the opposite thigh, and another on side of face. I gave *Rhus tox.*⁶; in three days it was well. A year ago a lad fourteen years old was terribly burned on his face and neck, hands and bare feet by the explosion of a gasoline stove. He made a good recovery, but when nearly well he had blisters all over his hands, inside and out, from the size of a pea to a nickle, filled with bloody water. I let out the blood, gave Sulphuric acid³, and he soon got well. In this connection I will relate a case showing the power of a proper remedy to cure. A few years ago, a man aged about fifty fell and broke the tibia above the ankle. He was helped up, and walked with help some rods, and helped into a wagon, rode home, helped out, and to walk in his house. The broken ends of the bones lacerated the soft parts, so in two or three days the leg was black all around the ankle, except a strip about an inch wide on the under side. It was a question whether the leg should come off, I determining to try and save the leg, and did. *Secale*⁶ was the chief remedy given. There was sloughing, some deep, some superficial; but it healed readily, and he had a good leg again. In gangrene and purpuric hæmorrhages *Secale* is most frequently our main reliance. If I had been treating Dr. Angel's case I should have given *Secale*, not Parke, Davis' fluid extract, but an attenuated dose, much earlier than he gave it. *Calcarea* might

have checked the hæmorrhagia, or China, not sulphate of quinine. I do not like a mongrel practice. The best success is by adhering to the only true law of cure. Sulphuric acid would have corresponded to many of the symptoms of the case. It was an obstinate and unfortunate case. Homeopathy is potent to cure obstinate and dangerous diseases if we can select the proper remedy. Clinical experience, the allopathist's only guide, is as unreliable as the varying winds, but the homœopathist, relying upon his unfailing law of cure, will be ten times more successful in malignant and dangerous disease complications.

RESUME OF THE PROGRESS OF GYNÆCOLOGY DURING 1884.

BY

PROFESSOR MARY A. BRINKMAN, M.D.

New York.

(Continued from page 291.)

A new operation for the reduction of chronic inversion of the uterus (B. Bernard Brown, M.D., *New York Medical Journal*). After well-known methods had failed in the case recorded (the patient under ether), the inverted fundus was drawn outside the vulva until the opening of the tubes could be seen. An inch and one-half incision was made through the posterior surface of the uterus (avoiding the tubes and large vessels). Through this incision Sims' large dilator was passed into the cervix and expanded to the fullest extent. Numbers two and three of Hanks' hard rubber dilators were then passed through the cervix, the finger was passed through the cervix also to feel if there were adhesions. The uterine incision was then sewed up with carbolized silk-worm gut. The fundus was easily replaced through the now passable contraction. The operation lasted thirty minutes. There was considerable hæmorrhage when the uterus was first replaced. Temperature

102° F., but normal the fourth day. There was severe pain in the uterus for a week which was controlled by opium. The parts were found normal on the fourteenth day after the operation, except the cervix which was somewhat patulous.

The treatment of retro-uterine hæmatocele, (Paul Zweifel, *Archiv für Gynäkologie*), advocates more frequent interference with these effusions than has hitherto been considered good practice. He advises incision per vaginam under antiseptic precautions followed by frequent washing out of the cavity. He states four cases of his own thus treated; three got well and one died. He quotes from other sources 24 cases treated by incision per vaginam of which five died, two of them from sudden collapse following the washing out. He gives a collection of 66 cases treated by puncture with 10 deaths. He gives for comparison 129 published cases treated on the expectant plan, with a mortality of 18.4 per cent. (but it is to be remembered that published cases available for comparison contain an undue proportion of fatal cases and of cases in which the hæmatocele discharges into a mucous tract, for it is only in such cases independently of treatment that the diagnosis is certain).

Phil. Porter, M. D., reports an interesting case in the *Medical Advance* for March. A young woman, pregnant, suffered from nausea, vomiting and emaciation, until her physicians thought best to produce an abortion. A gum elastic catheter, No. 11, was used. Some force was used in passing it; there was some distress and pain with vomiting. The end of the catheter was left curled up in the vagina. On the physician's return two hours later the catheter had disappeared and could be felt in the abdomen, as the patient was thin. Dr. Porter was called, the patient had then been suffering twelve hours, pulse 130, temperature 103°.

Examination revealed retroversion which no doubt accounted for the

reflex nausea and vomiting which led to the abortion, and had it been recognized and corrected all would probably have gone well. The uterus was dilated and cleaned out. The catheter was not there. Abdominal section was performed. The instrument was found under the lower and posterior border of the liver. Recovery was rapid. The physician had not recognized the position of the uterus and had passed the catheter up through the anterior wall.

Retroversion.—The rage for uterine surgery to the exclusion of rational curative agents is shown by Dr. J. B. Hunter, (*Am. Jour. Obst.*, Nov.). The doctor has noticed that some cases of retroversion without flexion are easily replaced and to his mind the malposition seemed due to mere force of gravitation. It occurred to him that if the cervix could be fixed to the posterior wall of the vagina the uterus would cease to fall backward. With this idea he has recently denuded a portion of the posterior border of the cervix and of the vaginal vault and fastened them together with sutures.

Dr. B. F. Dawson (*New York Med. Jour.*), has made use of plaster of Paris moulded within the vagina in two cases of displacement of the uterus. The patient is put in the knee-chest position and pledgets of absorbent cotton with a string attached soaked in a mixture of plaster of Paris and water, and partially squeezed out. These are held in position; in a few moments they harden. They did not irritate the membrane. The instruments were removed, placed in the fire to burn out the cotton, and then dipped into wax or paraffine to render them impervious to the secretions.

Rapid dilatation of the uterine canal. (Wm. Goodell, M.D., Obst. Soc. Phil.), states that for many years he used tents or Sims' operation preferably the former. He did not heed several severe warnings in the shape of inflammations following the operation; finally a sufferer from dysmenorrhœa was operated upon for stenosis

of the uterine canal by Sims' method. Two piles were also tied. Septicæmiæ set in and she died the 9th day. Another victim was the young bride of a devoted husband. She suffered from exhausting menorrhagia. Tents and the curette were used followed by peritonitis and death in three days. These grave mishaps caused the doctor to look about for some other method, more safe, which he thinks he has found in rapid dilatation. He dilates for admission of the curette, sponge tents or to make applications to the uterine cavity. He has operated thus for dysmenorrhœa 168 times. 53 were not heard from, 77 were cured cases, 27 improved and 11 not. Dr. G— uses opium first and by the time the operation is over the patient is under its influence. He does not hesitate to operate without regard to the danger of lighting up a former inflammation.

The Alexander Adams operation for shortening the round ligaments. Dr. Wm. Gardener of Glasgow reports 6 cases (*Glasgow Med. Jour.*). He states that he would restrict the operation to chronic retroflexion with malposition of one or both ovaries. His method is to shave the mons veneris and groins. He makes an incision two inches long in the direction of Poupart's ligament and parallel to it, dividing with one stroke of the knife through the adipose tissue. He defines the ring, follows up the round ligament until it becomes a strong cord, upon which he fixes a pressure forceps, repeats the same on the other side. An assistant presses the os uteri backward while the operator pulls up both ligaments until the fundus can be distinctly felt in its normal position. From 2 to 4 inches is pulled up. He ties the ligaments together and places a folded pad of gauze under them to keep them on the stretch.

He then passes sutures of kangaroo tendon through the skin and ligament and also round the latter and brings the edges of the incision closely together. A drainage tube

is passed under the leg and brought out at the lower end of the incision. Listerian dressing is applied. Opium is used for the first few days. The catheter if necessary. It must be known if the uterus be movable before the operation is undertaken. Keep patient in bed three weeks. A watch spring pessary is applied.

Idiopathic gangrene of the uterus. (*Lancet*, Jan., Lawson Tait.) Age 34, admitted to hospital on account of vague pelvic pains and offensive watery discharge. Uterus soft and flabby, abdomen swollen, patient feverish, death 40 days later. Uterus found black and sloughing mass. No reason could be discovered for the gangrene.

Vaginal Cysts. (Dr. Max Graefe *Zeitschr. f. Gynäk. so Gynäk.*) gives an account of ten cases in each of which a careful microscopical examination was made. Of 61 published cases it is noted that the cyst is not situated exclusively upon either vaginal wall. The color, consistence and morphological elements of the cyst contents differ widely even in cysts apparently similar in structure. The thickness of the cyst wall varies from a millimeter to a centimeter. It is composed of connective tissue with, in thick walled cysts smooth muscular fibers, covered with pavement epithelium and lined with cylindrical epithelium. There may be pavement and cylindrical epithelium in the same cyst. Opinions differ as to their origin. Klebs—dilated lymphatic vessels. Wenckle suggests that those rare cases without epithelium lining may be spaces in the connective tissue resulting from œdema, injury or hæmorrhagic effusions. G—points out that there is a stage in the development of the vagina in which it is lined by cylindrical epithelium. A cyst was found on the vaginal portion of a fœtus of four months development. Those cases which present a structure similar to the vagina he thinks with Vait are formed out of the remains of the duct of the Wolfian's body. Freund thinks some cysts

may be remains of ducts of Müller.

Separation of the symphysis pubis. (J. S. Hayes, M. D.) Girl 16 years old was thrown from a horse and dragged some distance. When seen six weeks later she was suffering from bed sores on the back and buttocks with a sinus in the left groin close to the labium. There was a copious, thick fœtid discharge from the vagina, gritty when rubbed between the fingers. Pubic symphysis separated $1\frac{1}{2}$ in. The orifice of the urethra was dilated and altered in position. Six months later the articulation was united by firm bands of tendinous substance. There was incontinence of urine from the first and cessation of the menses.

(To be concluded.)

A SINGULAR CASE OF PLACENTAL DETACHMENT.

BY

A. G. ANTHONY, M. D.,

Warners, New York.

I was hastily summoned to see Mrs. A—, a stranger to me, in the middle of the night, the messenger informing me that she was vomiting most terribly and that she would probably be dead before we arrived. Found the patient sitting in a chair gasping for breath, coughing, choking, and vomiting almost incessantly, pulse small and so rapid that I was unable to count the beats; skin cold and covered with a clammy perspiration.

Elicited the following brief history of the case. She was 48 years of age, the mother of several children, the youngest being now ten years old. She was pregnant and expected to be sick in about one month. For three days she had felt no movement of the child which before had caused her considerable distress from the violence of its movements. She had felt rather poorly for about one week but the night in question had retired feeling no worse than usual.

About midnight was awakened by

a feeling of intense anguish, suffocation and inability to help herself, and soon after a white frothy substance began foaming from her mouth running out in a continuous stream, almost choking her and giving no time to get a breath. It was in this condition that I found her.

To me her condition was truly remarkable, something that heretofore I had not encountered, in fact had not even heard of. Her stomach was greatly distended and if a considerable quantity of tartaric acid and bicarbonate of soda had been suddenly admixed therein the effervescence could not have been more complete, in fact there was a perfect stream of hot fermented froth running out of her mouth, rendering death imminent from suffocation if from nothing else.

Here was my treatment. I put several drops of the strong purified creasote into one half a tumbler of water and gave one teaspoonful every five minutes for three doses when decided improvement set in, then gave it at longer intervals, and very shortly had the satisfaction of seeing the vomiting cease.

Dropping the creasote for aconite to stimulate the circulation and remove the rattling in the breathing which could be heard throughout the room, and which I felt to be the precursor of pneumatic paralysis, the patient was soon comfortable.

Questioning her farther I learned that she had been flowing badly for two weeks and for a number of days had had irregular labor pains. Vaginal examination revealed the os partially dilated, the bag of waters protruding through it. Induced labor pains and assisted mechanically in the dilatation of the os, ruptured the membranes, when the cord prolapsed even through the vulva. Being unsuccessful in replacing and retaining it, I hastened delivery by seizing a foot and making traction.

The child was pale, cold and lifeless when born, no pulsation in the cord. Immersed it in warm water,

performed artificial respiration and in about five minutes it gasped faintly and respiration became established. Now follows the most curious part, to my mind at least, in that it was the primal determining factor of the morbid phenomena presented. On delivery of the placenta a most offensive and putrid odor was emitted, and examining the after-birth carefully I found part of it in a softened and gangrenous state, so that a finger could be easily thrust through it, and so soft that masses could be detached with but slight traction. Following its delivery a quantity of black grumous ill-odored blood was discharged.

Pronounced symptoms of septic infection showed themselves two days thereafter, but were promptly and effectually controlled by arsenicum and carbolic acid.

These thoughts suggest themselves :

1. Had the child been in a moribund state during the three days previous to birth, the time the mother felt no life, and if so how was it possible to restore life, or was its apparent death due to pressure on the cord during delivery.

2. Would not putrefaction of the placenta be inconsistent with the existence of life in the child.

3. What relation, if any, did the condition of the placenta bear to the woman's condition just prior to labor.

4. Would not the patient have died had not the fermentation been stopped and the circulation restored.

CHICAGO HEARD FROM AGAIN.

The colleges have opened. Thirteen hundred—more or less—students of homœopathy are holding the benches down in thirteen different institutions of medical learning, and listening to the relays of professors who are hourly ushered into their presence to tell their stories about the osseous system, *à la* Gray ; the process of digestion, *à la* Dalton ; the three stages of pneumonia, *à la*

Raue, *et al.* Then these professors retire, to be succeeded by another relay, who repeat their twice-told tales.

Last evening I glanced over the announcements of the various homœopathic colleges, which the mail brought me last summer. Twelve of these now lie on my desk. In each instance the paper messenger gives a tolerably correct idea of the institution which it has been sent forth to represent.

Boston sends a business-like bulletin, which tells an interesting story. The list of its faculty, in numbers, is rather appalling—in quality, rather inspiring. Including the assistants to chairs it shows a total of twenty-seven members! I find the names of I. T. Talbot, Conrad Wesselhœft, and Herbert C. Clapp, than whom the ranks of the profession can show no more talented physicians or more able teachers.

Among the novelties of instruction I find that J. Heber Smith, in the course on *materia medica*, teaches "the past and present uses of drugs by other than homœopathic practitioners." This is a praiseworthy departure. While we all know that Boston is not wanting in her fealty to homœopathy, she does not intend that her students shall be in ignorance of others' methods. Nor is it right that they should. If a homœopathist prides himself on his superior knowledge of drugs and their application to the cure of disease, he ought certainly to be familiar with the methods and resources of those over whom he affects such superiority. Again, Prof. Clapp teaches "the opinions, discoveries and contributions to the general stock of knowledge of all the great lights in medical history." Thus it appears that while there is no neglect of the practical branches, Boston's intention is to give the student a full and well rounded medical education.

Items: This is the school's thirteenth year; it demands a three

years' course of thirty weeks each; scholarships are awarded; students are informed that their living expenses will be from \$4 to \$7 per week; both sexes are admitted; fees, \$125 to \$200; applicants must show "good moral character."

New York sends out a catalogue which reveals the fact that her faculty is composed of thirty-eight members! Where is Boston now?

The familiar names of Allen, Downing and Helmuth grace the list. In this well-equipped school, while a superior medical education is given, the facilities for the study of diseases of the eye and ear are unsurpassed. The clinics in this department are said to be the largest in the world—European medical centers not excepted.

Items: Twenty-sixth year; two or three years' course; six months' session; the students publish a college journal; living expenses, \$5 to \$7; thesis required; fees \$125 to \$200; applicants must have "good moral character." Men only admitted.

New York—the Women's college—has a faculty of twenty-one members. Professor Clemence S. Lozier, the Dean of the institution, is well and favorably known by all homœopaths.

Items: Eleventh year; three years' course compulsory; thesis required; fees \$60 to \$180; "good moral character" demanded; women only admitted.

Philadelphia sent me a showy catalogue, from which I find that her faculty consists of seventeen members. A. R. Thomas and Pemberton Dudley need no introduction to American homœopathists.

The claims for preference which this school makes are modest, but emphatic. It offers a plea for the didactic method of instruction which every student will appreciate. Their new college building will be, when completed, the best in the country in our school.

Items: Thirty-eighth year; two or three years' course; six months' session; living expenses \$4 to \$6; thesis required; fees, 1 session, \$70—3 years, \$285; "moral character" demanded; men only admitted.

Cincinnati has seventeen in faculty. Buck and Sherman are already widely known in the profession, and if Hunt and Hartshorn are not, they ought to be.

This school has a good college-building, well located, and has excellent clinical facilities. The daily clinics at the City Hospital are unsurpassed. Prof. Lounsbury (materia medica) gives particular attention to the *standard remedies*. This is right. Give the student a thorough knowledge of the polychrests, and he can after he gets into practice learn all that it is necessary to know about Cyclamen, and two or three hundred others which the "busy practitioner" does not use once in two years.*

Items: Fourteenth year; two or three years' course; six months' session; prizes awarded; living expenses, \$3 to \$4 per week; fees, \$50 to \$100; no thesis required; men only admitted; "good moral character" asked for.

Cleveland has a faculty of sixteen members. Sanders and Schneider and Biggar are the "stars." This school has a hospital connected with it, which is under the control of the faculty. A great many Canadian students get their medical education here.

Items: Thirty-sixth year; two or three years' course; no prizes; living expenses said to be \$3 to \$6 per week; no thesis; fees, \$40 to \$100; both sexes admitted.

Ann Arbor has a faculty of five;

*The "busy practitioner" who does not use Cyclamen once in two years evidently fails to prescribe homœopathically in some of his cases; the value of this drug in sick-headache and in uterine disorders is not appreciated. Pulsatilla is doubtless often given when Cyclamen is the remedy homœopathic to the case.—G. W. W.

or, including the instructors in the old-school department, twelve. Of its faculty, T. P. Wilson and H. R. Arndt are representative men in the profession. Arndt promises to give a course in materia medica "which will embrace the study of the toxic and physiological action of remedies." From the enviable reputation which he has already made in the field of materia medica, there can be no doubt that this intention will be ably carried out.

Items: Eleventh year; three years' course compulsory; nine months' session; no prizes; living expenses \$2.25 to \$5; fees, \$35, (1 year), \$105 (3 years); both sexes admitted; no thesis; "moral character" essential;

Chicago "West Side School" has eighteen in its faculty. The names of Mitchell and Foster and Grosvenor are too well known to call for comment. On the last page of the cover is the picture of an immense hospital, in which this school enjoys unusual advantages. A peculiar feature of their announcement is a map which represents the college as being one of a group of ten institutions which together make up the "medical district of Chicago."

Items: Tenth year; two or three years' course; six months' session; no prizes; living expenses, \$4; fees, \$50 to \$90; men only admitted; no thesis required; "moral character" essential.

Chicago—"Old Hahnemann," has a faculty which is composed of seventeen members. The venerable Dr. Small is loved by all who know him—and many know him. Ludlam and Hall have reputations which are not confined to this city. The school has a private hospital under control of the college faculty. The professor of materia medica says that he will "first give a brief history of a drug—then its poisonous effects, its general sphere of action, the diseased conditions in which it is most useful, and then a few *characteristic symptoms*—not more than eight or ten to a rem-

edy." Prof. Hawkes has learned that a student cannot memorize the entire materia medica, and attend to his other studies, in two winters. Something must be left for after years. The college has chosen as its motto, "A limited faculty and better teaching." I wonder how New York and Boston like to be reminded of this every year?

Items: Twenty-sixth year; two years' course; six months' session; prizes awarded; no thesis; fees, \$55 to \$95; living expenses, \$4. to \$5; both sexes admitted.

St. Louis has a faculty of thirteen. Who has not heard of Edmonds and Richardson and Kershaw? Clinical facilities in the City Hospital are enjoyed by the students of this college.

Items: Twenty-sixth year; prizes awarded; no thesis required; living expenses, \$2 to \$4; fees, \$50 to \$90; both sexes admitted; "moral character" important.

Iowa City has a faculty of seven in the homœopathic department. Cowperthwaite's name is as familiar as household words, and every one has heard of Gilchrist. The advantages are those which an endowed school, connected with a great institution of learning, always possesses. That materia medica will be ably taught, Cowperthwaite's name is a guarantee.

Items: Ninth year; three years' course; six months' session; no prizes; no thesis; living expenses, \$3 to \$5; fees, \$20 to \$40; both sexes admitted.

San Francisco has a faculty of seventeen members. Currier and Pease and Curtis are not unknown to fame. The most striking peculiarity about its course of lectures is that it opens when all the other colleges are closing, and it ends at about the time when they open. From June to November the term extends. This is probably accounted for by climatic reasons.

Items: Second year; three years' course; five months' session; no

prizes; no thesis; fees, \$125 to \$250; cost of living not stated; both sexes admitted; "moral character" called for.

Lincoln has six in the homœopathic faculty, though some branches are taught by professors in the other departments of the university.

Items: Second year; two years' course; six months' session; thesis required; fees—*tuition free*; "moral character" essential.

OBSERVATIONS.

New York has the largest faculty. San Francisco has the largest fees. Chicago has the most students. Philadelphia has the greatest age. Ann Arbor has the longest course. Lincoln has the smallest fees.

One college admits women only.

Four colleges admit men only.

Eight colleges are open to both sexes.

Faculties decrease in numbers as they recede from the Atlantic seaboard.

Talent is pretty well distributed.

Living expenses are quoted at the lowest figures in Ann Arbor and St. Louis, with an advantage of 25 cents in favor of St. Louis.

"A good moral character" on the part of the applicant is a demand which is made by almost all of the schools. A few western colleges omit this formality.

I never heard of a student being rejected for want of a character answering to this description, and I never heard of one who could not produce abundant (documentary) evidence going to show that his character was above reproach. I think that this fact speaks well for the very high tone of those who apply for admission to our colleges.

Both of our schools in Chicago have opened under the most favorable auspices. The West Side College has a hundred and twenty-five students, while "Old Hahnemann's" class exceeds two hundred in number. Hence more than three hundred and fifty students of homœopathy in

Chicago are this winter making the acquaintance of Gray. In ancient times all who attended "Old Hahnemann" enjoyed the peculiar privilege of listening to lectures on anatomy which were delivered in the French language by an irascible gentleman with a foreign name. Vilas and Pratt, and Mills and Delamater, and Cogswell (of Iowa city), will have no difficulty in calling to mind this item of history.

How well I remember the intimate friendship which once existed between Gray and myself! During student life, seated in my sumptuous boudoir, which was elegantly fitted with handsomely upholstered furniture, night after night I would devote the "wee sma' hours" to earnestly



GRUBBING ON THE BONES.

Boys, take the advice of one who has been through it, and master Gray this winter, for any resolution which you may form to make amends for present neglect by future devotion will be more honored in the breach than in the observance.

F.

Chicago, Oct. 21, 1885.

THE "TRUTHFUL JAMES" OF THE
"MEDICAL RECORD."

NEW YORK. Oct. 1, 1885.

Dear Doctor Shradley:—I see you are quoted in the *Florida Times-Union*, of September 12, as stating that this journal is defunct, and that it never had vitality or force. My natural native modesty would prevent my claiming "force," but I

must make a stand at "vitality." The HOMŒOPATHIST is not moribund; and while it does not claim "to be read by thirty thousand physicians weekly," its circulation grows steadily and we are perfectly satisfied with it as an investment. Your other statement in regard to the number of pure homœopathists is equally unfortunate as a sample of ordinary verity.

Trusting that kind fortune may prolong your days, so that you may share with us in the final triumph of homœopathy, I am, dear doctor, with profound respect,

Yours sincerely,

G. W. WINTERBURN.

ON TABES DORSALIS IN RELATION TO
SYPHILIS BY PROF. A. EUTENBERG,
BERLIN.

(1) It is an ascertained fact, that a vast majority of tabetic patients had syphilis.

(2) It is not yet fully ascertained in what relation syphilis stands to the consequent tabes, probably it only acts as a debilitating, depotantizing or predisposing cause, like many other agents (heredity, depressing emotions, diseases, etc.), perhaps also in many cases syphilis may be the direct cause of tabes.

(3) At any rate syphilis is not the sole cause, not even the most frequent and most important cause of tabes.

(4) Those tabetic cases, which were preceded by syphilis, do not offer any constant characteristic symptoms in the course of the disease, so that they might be differentiated from other causes.

(5) Nor do they offer any essential characteristic points in relation to prognosis and therapeutics. Cases of tabes with hectic antecedentia have been treated and cured with and without antisyphilitic treatment, whereas, as a rule, the specific treatment produces at most only a transitory treatment.

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Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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EDITORIAL.

Noblesse oblige, our privilege compels us ; we professional men must serve the world, not, like the handicraftsman, for a price accurately representing the work done, but as those who deal with infinite values, and confer benefits as freely and nobly as nature.—
EDWARD EVERETT HALE.

THE smallpox epidemic in Montreal has created a wide-spread feeling of insecurity, which was cogently illustrated among the passengers at the Grand Central Station yesterday. It was announced that a train with smallpox on board had arrived from Montreal, and ambulances and health inspectors swarmed in the neighborhood. The facts were these :

On Wednesday night a Virginia negro who had been to Montreal reached Albany and applied for lodgings at the police station under the City Hall. Yesterday he was feeling

ill, and the men around the police station made up a purse and put him on the 10:20 A.M., train for New York. At East Albany the negro curled himself up in the seat of the smoking car and when asked what was the matter, he said that he felt sick and that he had just come from Montreal. He soon had the car to himself. The conductor locked the doors, cut the car out of the train and telegraphed to this city. The train came on, leaving the man on the side track. When the fact became known, Dr. Curtis, of the State Board of Health, was summoned, and after a careful examination he pronounced him to be free from the contagion ; but the railroad authorities would not take the unverified word of one physician, and therefore coupled the car on the afternoon express, and brought it to the city with the solitary passenger locked in the car. When he arrived here he complained of headache and hunger. The inspectors could not find any symptoms of smallpox, but he was detained by the police.

* * *

To have smallpox is to be guilty of a crime. Owing to the fatal blunder of Jenner this disease has practically been taken out of the category of its congeners, and, instead of being treated on sanitary principles, the same as diphtheria and scarlatina, is relegated to the shibboleth of vaccination. Smallpox, like the plague, is an essential filth-disease. We have the highest authority that smallpox can start *de novo* in filthy and crowded quarters, where there has been no possibility of contagion ; and it will finally be stamped-out, not by multiple vaccination, but by sanitation. Had the tens of millions of dollars which have been wasted on vaccination been spent on the inculcation of habits of cleanliness and

order, not only would the ravages of smallpox have been controlled, but the other zymoses would also have been in like ratio diminished in virulence.

*
* *

No fact in medicine is more definitely established than that vaccination does not prevent smallpox. In the last epidemic in New York more than half the cases were acknowledged to be in vaccinated persons, and in the last epidemic in London, where vaccination being compulsory reaches all save the very dregs of society, the hospital records show ninety-five per cent. vaccinated and only five per cent. unvaccinated. That is out of twenty persons who had smallpox, nineteen had been vaccinated. And as the death-rate was eighteen in every hundred cases, it is evident that the residual five per cent. unvaccinated could have furnished but a small proportion of the deaths, even if every unvaccinated persons had died. Not only do vaccinated person have smallpox and die of it, but cases have occurred where the patient had been vaccinated and revaccinated fifteen and seventeen times, and yet they had the disease, and died of it, so that in their case, at least, vaccination could not be said to have made the attack mild.

*
* *

The power given to Vaccine Boards is often used to the detriment of the individual without any adequate or compensatory advantage to the community. About sixteen years ago there was a secreted case of smallpox on Broome street near Laurens street, in this city. After the patient was up and dressed, the matter came to the

ears of the Health Department, and they very properly made an investigation. Dr. Taylor, a most courteous and humane gentleman, and an esteemed personal friend of the writer, was the inspector. The patient was declared fully convalescent, the house was fumigated thoroughly, and directions were given as to the conduct of the man who had been smallpoxed. The inspector was about to leave, when he evidently changed his mind as to the disposal of the case, and carried the man to the Riverside (smallpox) Hospital, from whence his body was returned to the friends one week from date. Had the man remained in his room in all probability he would not have died; had Dr. Taylor allowed him to remain there, and another case had occurred in the neighborhood, he would have been severely censured; so having committed the crime of smallpox this man was put to his death in the name of the law. No one would think of taking a diphtheritic or scarlatinous patient out of a nice warm room and exposing him to the inclement wintry weather, yet either of these patients is the focus of a virus more deadly than that of smallpox. That is, the natural mortality-rate from this latter disease is much less than that of either of the others, and they are followed by more severe and dangerous sequelæ.

* * *

THIS setting smallpox aside into a class by itself is provocative of gross cruelty toward the unfortunate victim both by his friends and the public authorities. He is an object of horror to his own family, and when he passes under the domain of the Health

Board he is subject to inhumanities and neglect for which there is no reasonable excuse. Patients here in New York have been exposed to the cold comfort of the Twenty-sixth street wharf in the most inclement weather, or left for hours on marble slabs, awaiting the arrival of the boat to ferry them across to Riverside Hospital. No wonder the death-rate is shamefully high.* But the treatment here is exceptionally good in the hospital—as pest houses go. In the Montreal hospital it is said that the patients are crowded together in the same beds, mild cases with malignant ones. The dirt and filth and vile smell in the wards are terrible. The clothing furnished the patients is scanty, and the attendance is abominable. The patients change their own clothes as long as they are able, and when they are too weak to do it those patients who are strong enough to go about do it for them. The patients often need attendance in the night, but no nurses are about and no matter how loudly the patient may knock, no assistance is given. They sometimes have to wait an hour for a drink, and those whose eyes are closed by the disease sometimes beg for a long time for the lotion that is used to wash them, before getting it. As soon as a patient dies the body is sewed up in a sheet and thrown on the floor to be removed at some future time. This will be denied; but the fact remains that here and elsewhere any thing is considered good enough for a person guilty of smallpox.

* Some seven or eight per cent. higher than in the London smallpox hospitals.

THE TALK OF THE DAY.

A recent decision in one of the California courts upon the admissibility of medical books in evidence, possesses interest for the profession, not only on account of the conclusion arrived at by the judge, but also from the reasoning which formed the basis of this opinion. Medical works were excluded upon the ground, that "Medicine is not considered as one of the exact sciences. It is of that character of inductive sciences which are based on data which each successive year may correct or expand, so that what is considered a sound induction last year may be considered an unsound one this year, and the very book which evidences this induction, if it does not become obsolete, may be altered in material features from edition to edition, so that we cannot tell, on citing from even a living author, whether what we read is not something that this very author now rejects."

A striking instance of the liability of medical opinion to change, as thus outlined by the learned judge, is shown in the case of ozone, which, from being regarded as a remarkable health giving agent, seems likely to be considered in the future as a destructive agent, and source of disease; and in fact no better than a microbe or a bacillus. In a late number of the *American Meteorological Review*, Dr. Draper, director of the meteorological observatory in Central Park, gives statistics which seem to show a close connection between the presence of ozone in the atmosphere and pneumonia. From Dr. Draper's article it appears that ozone is simply a destructive form of oxygen which is capable of producing inflammation of the substance of the lungs, thereby causing engorgement with blood not properly arterialized. There seems something in this, and a thorough investigation of the virtues or vices of ozone is now in order. Occasionally there appears in medical journals an account of some cure made by ozone.

In view of the investigation by Dr. Draper these articles will need revision.

As an adjunct to the treatment of consumption with the appropriate remedies, the inhalation of oxygen has, on theoretical grounds much to commend it. Judging from the experiments recently made by Dr. Albrecht, in Berne, Switzerland, these expectations seem justified by clinical experience. Experiments, made on consumptive patients in one of the hospitals in that city, with a view of ascertaining the effect of oxygen inhalations upon the development of phthisis, show the following result: The patients were first submitted to an appropriate highly nutritious diet, consisting of milk and peptone, and were twice a week weighed with great care. It was observed that as soon as the oxygen inhalations began, the daily loss of weight was checked, and in some cases weight increased, dyspnoea diminished, and the microscope showed fewer bacteria.

A curious treatment for consumption is that recently tried by Prof. Arnoldi Cantani, of Naples, which consists in making use of the much decried bacteria as a therapeutic agent, and setting it to work to destroy the bacillus tuberculosis. It has been demonstrated in the culture of the bacilli, that the disease-producing bacteria are very liable to destruction by the ordinary bacteria of putrefaction and it is this liability that has been utilized. A solution of the bacterium termo was administered, by inhalation, to a patient presenting the usual symptoms of acute pulmonary phthisis. As a result, "The expectoration rapidly decreased, until it ceased entirely, during the last few days of the experiment. The tubercle-bacilli likewise soon diminished from the expectoration, while the bacterium termo could now be detected in their place." The fever also decreased (to 100.4°), and the bodily weight increased; the appear-

ance of the patient greatly improved, he felt much better, while his general condition became excellent.

The recent case of accidental poisoning in Hoboken, where morphiae sulphas was substituted for quiniæ sulphas and resulted in the death of two young ladies, has given rise to extensive comment in the medical journals and to numerous suggestions for preventing such mistakes in the future. From my own experience in the putting up of prescriptions, and from conversations with different druggists upon such mistakes, I do not see how with reasonable care such substitutions can occur, and without such care all expedients to prevent them are useless. Apparently it is impossible to prevent a certain number of just such cases every year. O all the suggestions made as to safeguards against error, the most feasible is that of having the constituents of the compound called off and checked by a second person.

There is an explanation of these mistakes which has never been given, but which is not only possible, but probable; that of a persistent wrong impression. The druggist on taking up the prescription, with his mind still intent on some previous employment, glances over it and confounds two somewhat similarly appearing terms or names. A second reading corrects the mistake, but the first impression remains stronger than the correction, just as in similar cases, concerning names, locality, etc., where the first erroneous impression remains despite of repeated correction. As a result, in the compounding of the drug, the first impression is automatically carried out, if the attention relaxes for a moment.

B. F. UNDERWOOD.

LITERATURE.

Psychometry is the term coined by Prof. Joseph Rodes Buchanan in 1842 to express in a word the art of

measuring the soul. Those scientists who reject the idea of soul, and who assert that thought is but the secretion of the brain, will spurn the proposition of measuring, or attempting to measure, a mere chimera; but those who believe that the soul is the *ego*, and the brain the instrument, will be glad if there is any way of discovering the real proportions of the man, independent of his outward seeming, and of his intentional efforts to reveal himself. Phrenology, physiognomy, and mind-reading are attempts to unvail what is beneath the outward semblance, and to reveal the true dignity or poverty of the man stripped of all *impedimenta*. Psychometry aims at something more than mind-reading, which though always superficial and often erroneous, challenges the attention of the ignorant, and thus prepares the way for scientific innovation. It goes much deeper than physiognomy, which shows what man is in general by the impress which has been made by the plastic principle upon external expression, and is broader than phrenology, which measures the size, and shape, and quality of the brain. Just as phrenology is something more than the "science of bumps," physiognomy, than a study of facial angles, and mind-reading, than automatic muscular activity, so psychometry is something higher than soul-photography. It claims to discover not only the mental and moral attributes of the man, but to gauge his possibilities, and determine his place in the cosmos. This is accomplished through the trained psychometer receiving impressions from any thing upon which the subject has stamped his individuality, as for instance a letter. The fact that certain persons were sensitive to such impressions was first discovered about fifty years ago. Prof. Buchanan was engaged at that time in neurological studies, and was attracting the attention of men eminent in science and letters. Among others Bishop Polk, of Tennessee, afterwards a general in the Confed-

erate army, who related to him the fact of his peculiar sensitiveness to metallic contact; so much so that if by accident he was to touch a piece of brass, without seeing it, he immediately would recognize its metallic taste. "The discovery of such sensibilities in one so vigorous, both in mind and body, led me to suppose that they might be found in many others. Accordingly, in the neurological experiments which I soon afterwards commenced, I was accustomed to place metals of different kinds in the hands of persons of acute sensibility, for the purpose of ascertaining if they could feel any peculiar influence, recognize any peculiar taste, or appreciate the difference of metals, by any impression upon their own sensitive nerves. In these experiments it soon appeared, that there were many who could determine by touching a piece of metal, what the metal was—as they recognized a peculiar influence proceeding from it, which in a few moments gave them a distinct taste in the mouth. Every substance having a decided taste appeared to be capable of transmitting its influence into the system, and of being recognized by its taste. Sugar, salt, pepper, acids, and other substances of a decided taste, made so distinct an impression that each could be recognized and named by many of those upon whom the experiment was performed. The sweetness of sugar, the pungency of pepper, and all the peculiarities of other tastes were recognized, as if the same substances, instead of being held in the hands, had been gradually, in small quantities, introduced into the mouth. Experiments equally satisfactory were then made with different drugs. It would readily occur to the reader that in such experiments an excitable imagination might produce important effects and materially modify the results. The desire to guard against any such delusions led me to adopt precautions to prevent the individuals experimented upon from knowing the name or nature of the medicine used.

It may, therefore, be recognized as a law of the nervous system, that it is capable of being affected by the subtle influences which emanate from adjacent objects. Influenced by this consideration, I supposed it probable that those who possessed this acute sensibility would be distinctly affected by contact with living beings; a conjecture which was soon verified by experiment. When impressible persons were placed in contact with those in sound health,* by touching the hand upon different portions of the head or body, they experienced, at each point, a distinct effect corresponding to the peculiar vital functions of the part. By holding the hand upon the forehead they experienced an increased mental activity; upon the upper portion of the head a pleasing and soothing influence; and although the impression is generally of but moderate force or distinctness, those who have a high degree of susceptibility may realize the exact character of the organ touched, and describe not only its general tendency, but its peculiar action and strength in the individual examined. Having thus ascertained that one of impressible constitution could easily diagnose the action of the living brain, I found that even holding the hand in close proximity to the head would answer the same purpose, though in a far more imperfect manner. By holding a metallic conductor in contact with the different localities of the head, the influence of each organ was transmitted as well as by direct contact of the finger. After several months had been spent in this manner, ascertaining the exact functions of the brain in its different portions, I was tempted to take a step in advance. It seemed probable that if the psychological influence of the brain could be conducted through a suitable conducting medium, it might also be imparted to objects in proximity to it, and retained by them, so as to be subsequently recognized by one of impressible constitution. It

was in the latter part of 1842 that I made the experiment which I would relate now. I had clearly ascertained in a young gentleman, with whom I had made many experiments, the existence of extraordinary acuteness of sensibility. In a moment's contact with the head of any individual he would discover his entire character by the sympathetic impression. Reasoning, which I need not now repeat, had convinced me that he possessed the power of recognizing a mental influence in any autograph that he might touch. I was sitting with my young friend in an apartment in the Astor House when I resolved to test his powers. I proceeded to my trunk and took forth four letters written by individuals of strongly marked and peculiar characters. I placed them successively in his hands and requested him to watch the mental impressions to which they gave rise in his mind, and report his conceptions of the characters of the writers. He did so, and his descriptions surpassed my anticipations. He entered into the spirit of each character as familiarly as if he had been in contact with the individual, and described not only his intellect and his principles of action, but even his personal appearance and physical constitution. He knew not of whom he was speaking—he did not even know what letters I had placed in his hands—yet I can say without exaggeration that his description would not have been more correct if he had described the individuals from familiar personal knowledge."*

These experiments we have seen repeated at various times, and under circumstances which prevented the possibility of fraud, and we consider it established beyond question that the writing transfers to the paper a something beyond the mere ideas expressed by the words. Whatever this psychological influence

* Condensed from Buchanan's *Journal of Man*, 1849.

may be, it is easily and distinctly perceived by any highly impressionable person who has trained himself to analyze and define the sensations and emotions evoked. It seems almost incredible that a discovery of such momentous import should have made so little headway in the scientific world in forty years. The more so as we know of no one who has been at the pains to investigate it that has not been convinced of the reality of the discovery. Its value to the medical practitioner would be simply incalculable, and we ask those who are willing to believe that there are things undreamt of in their philosophy to scrutinize the evidences which have been presented, and make experimentation themselves. Those who desire to do so can take advantage of Professor Buchanan's experience by perusing his recent work on the subject, which can be had of the publisher of this journal.* We desire to express here our confidence in the scientific honesty of the author. Many of the statements made by him will seem incredible to those who are ignorant of the subject. The Atlantic cable was once deemed an impossibility, but Professor Buchanan ranks with Morse and Field as one of those who makes things possible.

The utility of the study of the poisonous effects of various substances when taken into the animal economy needs no illustration to the homœopathist. It was the recognition of these that led Hahnemann to his minute experimentation with different drugs, in which he merely systematized and vivified the poison-lore which had been accumulating down the centuries, and superadded thereto the results of his own magnificent labors. Alexander Blyth has written and William Wood & Co. have published in two volumes (June and July numbers of their Stand-

ard Library), an historical and analytical account of the more important poisons, including snake-virus and other toxic animal secretions; the study of the cadaveric alkaloids is peculiarly novel and interesting.* The work is intended to furnish a reliable guide in the detection of criminal and accidental poisoning, and gives greatest space to the substances most likely to fall within that range. The description of the method of procedure in searching for poison is exhaustive, and forms a reliable ready-reference at a time of need. Many of his descriptions of poison-action are so full that they serve to illuminate the symptom list of the same drug in our materia medica, and as such should be carefully read by every student.

The cheap rate at which these books are sold place them within the reach of all.

Prof. Cowperthwaite's *Materia Medica* has achieved the distinction of a third edition† In its present shape it forms both in size and arrangement an almost ideal student's hand book. Dr. Cowperthwaite has elected with admirable good sense what to put in, and what might be safely left out, so that the work gives a condensed and partial view of our more important remedies, without being emasculate. The general analysis which precedes, under each drug, the mention of the characteristic symptoms is just ample enough to meet the medical student's wants, while the comparisons which follow all the more important symptoms direct the mind to the allied remedies.

* *Poisons, their Effects and Detection.*—A Manual for the use of Analytical Chemists and Experts; with an Introductory Essay on the growth of Modern Toxicology. By Alexander Wynter Blyth, M. R. C. S., F. C. S., etc. With Tables and Illustrations. In two volumes. 8 vo. pp. 668. (New York, William Wood and Company.)

† *A Text Book of Materia Medica.*—Characteristic, Analytical, and Comparative. By A. C. Cowperthwaite, M. D., Ph. D., L.L.D. Third Edition. 8vo. pp. 697. (Chicago: Gross and Delbridge.)

* *Manual of Psychometry.* By Joseph Rodes Buchanan, M.D.; 8 vo., pp. 502. (Published by the author, 29 Fort Avenue, Boston.)

While for office use, we are not quite ready to give up Hering's Condensed, the smaller size and terser statement of Cowperthwaite's will make the latter more acceptable, and probably more useful, to the beginner. The publishers have earned our regard for the careful way in which the work has been printed, and Dr. Gross has inserted a pronouncing vocabulary, which will tend to correct the constant errors in this regard. Altogether we like the book, and are glad to have the opportunity to say so.

Two recent publications on urinary disorders, though by different writers, and brought out by different publishing houses, admirably supplement each other, and can be read together with profit and interest. Prof. Beale, known world wide for his microscopical studies, has given us an admirable work on the diagnosis of physical disorders by means of a minute study of urine.* Being himself a most painstaking and capable diagnostician he makes a satisfactory guide to others; and as a master of good English he is an entertaining writer even on those subjects, as in some matters of treatment, in which we may feel constrained to differ from him. The topics discussed are in general (a) the natural constituents of the urine, in excess or deficiency, (b) urinary deposits, (c) substances in solution not found in healthy urine, (d) and urinary calculi. The importance of water-drinking is thoroughly discussed. He believes that in the majority of people the condition of the system denominated old age is reached sooner than it would be if they habitually took more water. In other words that they eat too much and drink too little. This especially applies to persons more or less in ill health, or suffering from sedentary habits, or from drains upon

the system. "In many forms of illness, which, if they persist for any time, are certain to damage the whole body, and may be painful to endure during the entire period of their existence, all that is required to restore the healthy condition is to wash out the tissues and organs, so that various noxious substances which have been accumulating, it may be for many years, may be dissolved by the water made to traverse the minute interstices of the textures, and thus removed in solution. To effect this purpose considerable time is often required. A course of one or two months, during which from two to six or more pints of water are taken daily, is often requisite to produce much effect. Although there can be no doubt that alkalies and other saline constituents in natural waters exert a beneficial influence, in many cases an excellent result is obtained by the use of water alone, and especially distilled water, pure or impregnated with carbonic acid gas. Many, therefore, who are unable to spend weeks at a watering place, who cannot without losing their position, and perhaps their prospects of earning a livelihood, leave their work in town for a week or even a day, may subject themselves to remedial measures, from which they may derive great benefit, and in a comparatively short time. A fair allowance of fluid per diem not only economizes food, but by keeping the fluids in the interstices of the tissues in a dilute state, promotes free interchange, favors oxidation, and prevents the occurrence of many of the so-called degenerations. For these are mainly due to the state of things resulting from the accumulation of substances in an insoluble form in the tissues, which should be rendered soluble by oxidation, and removed in solution and excreted as fast as they are produced in the course of chemical change." While this is all true, on the other hand, many persons drink more than is good for them, and begin to improve as soon as the amount of liquid taken is reduced.

* *Urinary and Renal Derangements and Calculous Disorders. Hints on Diagnosis and Treatment.* By Lionel S. Beale, M.D. 8 vo. pp. 356. (Philadelphia: P. Blakiston, Son, & Co.)

On almost every page may be found hints which will aid the thoughtful physician in the management of a case, or assist in defining the diagnosis. It is a book that should be in every working library.

The other work to which we referred is one on various affections of the kidneys and urine, by Dr. Dickinson, the lecturer on medicine at St. George's Hospital, London.* This is substantially a continuation of his handbook on albuminuria, published about four years since; also by Messrs. Wood. Dr. Dickinson discusses various renal disorders, such as abscess, thrombosis, tumors, tubercle and other malignant diseases in the kidney, calculi, and renal parasites. The latter part of the book is devoted to changes in the urine. The work is well illustrated, and discusses with force and intelligence the morbid conditions which attend the absence or other abnormality of the urine; but it does not enter into the methods of urinary examination, proceeding on the assumption that the reader has made himself acquainted with these processes.

We have had on our library shelves for some time the excellent handbook on obstetrics by Prof. Sheldon Leavitt.† We have held the notice of the work back hoping for space and time to give it a critical review. We hope even yet to do so, but as this is the time of the year when students are buying books, we feel that we must urge the importance and value of this one on their consideration. Prof. Leavitt covers the field of obstetric practice in a thorough and able manner. For the most part his descriptions are clear, his pathology in accord

with the accepted authorities of the day, and his methods of procedure correct. In some questions of practice we differ from him widely, but these are points which are admittedly open to discussion. The work is adapted to the needs of the student; is ample without being bulky; and the wood-cuts, nearly three hundred in number, though not above criticism, are sufficiently good to illustrate, or rather illuminate, the text.

ITEMS.

A good location in Minnesota for a homœopathic physician can be had on reasonable terms by applying to the editor of this journal.

CAPURON relates the case of a Frenchwoman, living on the Rue de la Harpe, who gave birth to a son at the age of 73 years. She afterwards nursed the child for the usual period.

Imperial Granum, already well-known to the readers of the HOMŒOPATHIST as a non-stimulant nutritive diet for children, may also be used in many disorders in adults with great advantage.

The Century has made a notable advance in public esteem during the past year; and if we may judge from its appetizing prospectus it purposes deserving in the future all the encomiums which have been lavished upon it in the past.

The North American Review completes its one hundred and forty-first volume in December. It was never better, brighter or more worthy of support than now. It has among its regular contributors some of the best known writers of the age, and it presents an unexcelled and varied literary entertainment.

MISTAKES in the diagnosis of aneurism of the carotid have been common. In 1827, the celebrated Lisfranc (see *Archives Generales de Medicine*, 1827), diagnosed as an aneurism a cancerous tumor; the patient died of hæmorrhage on the tenth day after ligation. In 1841, Liston, the well-known English surgeon, opened an aneurism for an abscess, he ligated but the patient died (*Lancet* 1842). In 1847, Duke, of Dublin, mistook an aneurism for an abscess of the tonsils, but ligated, and the patient recovered (*Lancet*, 1848). In 1859, Stanley, of St Bartholomew's Hospital, London, punctured the carotid through an error, and the patient died (*Medical Times and Gazette*, 1859). During the same year Chassaignac, the eminent surgeon, committed the same error; the vessel was ligated, and the patient recovered.

* *On Renal and Urinary Affections*. By W. Howship Dickinson, M. D., 8 vo. pp. 343. (New York: William Wood & Company.)

† *The Science and Art of Obstetrics*. By Sheldon Leavitt, M. D. With an Introduction by Prof. Ludlam. Two Hundred and Sixty-three Illustrations. 8vo, pp. 659. (Chicago: Gross & Delbridge.)

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THE THERAPEUTICS OF SMALL-POX.

BY

WILLIAM JEFFERSON GUERNSEY, M. D.,

Philadelphia.

In treating cases of smallpox the cardinal points to be borne in mind are the safety and comfort of the patient and the protection of others.

1. *Safety of patient.* The room should be large and well ventilated, and at a temperature of about 60° Fahr. A competent nurse should be secured, better still two of them, to attend successively day and night, so that the patient may not be lost sight of a moment. His mind should be free from worry, and all draughts or chances of colds zealously guarded against. It is not safe to permit the patient to sit up until the skin has thoroughly healed. The diet should be light: oat meal, rice, corn starch and milk foods. Beef tea must not be used too early. During convalescence a nice broth can be made of equal proportions of beef, mutton and rice; raw eggs beaten up in milk or with sugar, spread on slices of bread may be given at this time, but no alcohol.

2. *Comfort of patient.* The bedding should be of the softest materials, and the room should contain a separate bed for the attendant, who should be prohibited from ever lounging upon the outside of the patient's bed, which proves quite annoying. Every want, not hazarding the safety of the patient or others, should be gratified so far as possible.

3. *Protection of others.* The "sick room" should be the one which is most isolated from the rest of the house; no one should be permitted to enter it but the physician and attendants; all unnecessary furniture and drapery should be thoroughly disinfected and removed, and sheets,

which must be constantly saturated with a weak solution of some disinfectant, should be hung at all window and door-ways. The clothes which are soiled by discharges from the patient's nose and mouth, should be at once burned. The urine and fæces should be received in vessels containing a little weak solution of some disinfectant and buried away from any water course. The inmates of the house should not visit public resorts of any kind; all letters sent from the house should be first well sprinkled with disinfectant, or baked. The physician should not unfasten nor remove his outer coat in the house, lest he "button up" some of the poisoned atmosphere on leaving, and should expose himself to the open air, and if possible to the sun, before visiting a patient not suffering from the disease. The patient should be isolated for at least a couple of weeks after the physician has discharged himself, and should have taken several baths, a day or two apart, before venturing out. As to the disinfectant used, either Platt's Chlorides or Bromo-Chloralum are excellent and are particularly to be commended on account of being odorless. After the recovery or death of a patient, the room should be tightly closed and sulphur placed in about the centre of the room in an iron dish and ignited and allowed to burn for several hours. After this the windows and doors must be opened for several hours, or longer, and the room thoroughly aired and sunned.

Vaccination is usually recommended as the best means of protection from variola, but there are many strong and reasonable objections to it. Furthermore, it is no surer protection than a primary attack of the disease, which every one knows to be a fallible rule—vaccination, even with the best virus attainable, is frequently accompanied by provokingly

severe and long lasting affections. As a substitute for this barbarous remedy, Variolinum and Vaccinum have been recommended, but better than these and surer than all is Malandrinum, a potentized preparation of the morbid product of the "Grease" of the horse, (better called Greasinum, for Malanders is a slightly different affection), it produces an exact similitude to smallpox, and is without doubt the best protection against the disease. Dr. Herman Boskowitz, of Brooklyn, and Drs. Raue and Stroube, of Philadelphia, have made quite a study of this subject and have no failures to report. Malandrinum has been given to numbers of unvaccinated children who were directly exposed to the contagion of variola, and have invariably escaped the disease. The writer has given the remedy to many persons, (one dose each), directly after vaccination and been unable to make that or a re-vaccination "take" with virus which had been proven effectual with others who had not had the remedy. One girl, who suffered terribly from pain and an enormously swollen and inflamed arm and forearm, following vaccination, was entirely relieved of the pain in a few hours, by two doses of Malandrinum, and with an almost complete disappearance of the objective symptoms in twelve hours. Two doses of Malandrinum, 30th, given twenty-four hours apart, will answer for at least one season. If the disease appears again the following year, it may be renewed. It is better, for the satisfaction of the patient, to follow the two doses with Sac. Lac. enough to last the balance of a week.

Let not the homœopathic physician forget that his treatment of variola is not confined to a few given recipes, but that he has at his command the entire list of medicines, any one of which may be used if *indicated symptomatically*, and will then meet with assured success, even if never before employed in the disease. Bearing this in mind it is evident that nothing short of a complete rep-

ertory and an unabridged materia medica will suffice in a search for the needed remedy in a case. However, the following may be of some assistance. As to medication, the smallest quantity that is capable of acting favorably is the proper amount to give, and the experience of our ablest students indorses the single dose and the potentized drug:

1 Asthenic cases (compare 107),

Ars. Carb. v.

Backache, *see* 58

2 Biting in skin.

Agnus,	Colchi.,	Olean.,
Alumin,	Conium,	Ole. an.,
Am. carb.,	Drosera,	Opium,
Am. mur.,	Euphor.,	Phellan.,
Anti. cr.,	<i>Euphra.</i> ,	Phos.,
Ant. tart.,	Grati.,	Phos. acid,
Arnica,	Hel. niger,	Platina,
Bar. mur.,	Ipec.,	PULSA.,
Bellado.,	Ka. nit.,	Ran. bulb.,
Berberis,	Lache.,	Ran. sc.,
Bovista,	Lachh.,	Rhod.,
Bryonia,	<i>Ledum</i> ,	Rhus tox.,
Calc. carb.,	Lycopo.,	Ruta,
Camph.,	Mag. carb.,	Selen.,
Canth.,	Mangan.,	Sepia,
Capsi.,	Merc. v.,	Silicea,
Carb. an.,	Mezer.,	Spongia,
Carbo v.,	Mur. ac.,	Stron.,
Caust.,	Na. carb.,	Sulph.,
Cham.,	Na. mur.,	Thuja,
Chel.,	Niccolum,	Verat.,
China,	Nit. acid,	Viol. tri.,
Coccul.,	Nux vom.	Zincum.

Black (small pox), *see* 55.

3 Blackish skin.

Acon.,	Asaf.,	Spigel.
Ant. c.,	Nit. ac.,	
Arg. nit.,	Secale,	

4 Blackish papules.

Carb. v., Spigelia.

5 Blackish vesicles.

Ars	Na. carb.,	Vip. vor.
Lach.,	Petroleum,	

6 Blackish pustules.

Bryon., Rhus tox.

7 Blackish-blue vesicles.

Ars.,	Ranun. bulb.,
Lach.,	Rhus. tox.

Bleeding, *see* 43 to 48.

8 Bleeding pustules.

Ant. tart.

9 Bleeding cicatrices.

Lach., Phos.

10 Blood in vesicles.

ARS., Canth., Na. mur.,
 Aur. met., Flu. ac., *Secale*,
 Bryon., Na. carb., Sulph.

11 Blood in pustules.

Phosphorus.

12 Bluish skin.

Acon., Carb. v., Phos. acid,
 Am. carb., Coccus, Plumb.,
 Angustura, Conium, Pulsat.,
 Arnica, *Cup. met.*, Rhus tox.,
 Ars., DIGIT., Sambu.,
 Au. met., LACH., *Secale*,
Bellad., Merc. v., Silicea,
 Bismuth, Na. mur., Spong.,
 Bryonia, Nux v., Thuja,
 Calc. carb., OPIUM, VER. AL.
 Camph., Phos.,

13 Bluish vesicles.

ARS., LACH., Vip. vor.,
 Bellad., Ran. bulb.,
 Conium, Rhus tox.

14 Bluish pustules.

Ars., Carb. v., Ran. bulb.,
 Bella., Lach., Rhus tox.

15 Bluish areola to pustules.

Arsenicum.

16 Boring-itching of papules.

Anti. crud., *Caust.*, Nit. ac.
 Anti. tart., Manganum,

17 Breathing oppressed.

(Main remedies only.)

ACON., *Coccul.*, PULS.,
Ambra, *Colchi.*, *Ran. bulb.*,
Angus., CU. MET., *Rhodo.*,
Ant. t., *Cyclam.*, *Rhus tox.*,
Arnica, *Dulcam.*, *Ruta*,
 ARS., FERR., *Sambu.*,
Asa., *Hel. nig.*, *Senega*,
Au. met., HEPAR, SEPIA,
 BELLA., IGNA., *Silicea*,
 BRYO., IPEC., *Spig.*,
Calc. carb., *Ka. carb.*, *Stan.*,
Camph., *Lycop.*, SUL.,
Canth., *Mezer.*, *Tabac.*,
 CARB. v., *Nux mos.*, *Thuj.*,
Cast., *Nux vom.*, VERAT.,
Chamo., *Opium*, *Viol. o.*,
China, PHOS., *Zinc.*
Cina, *Platina*,

18 Brownish papules.

Verat. alb.

19 Brownish vesicles.

Vip. red.

20 Brownish pustules.

Ant. tart.

21 Brownish cicatrices.

Lach.

22 Burning in skin.

(Main remedies only.)

ACON., CAPS., LACH.,
 AGAR., *Carb. v.*, LYC.,
 AMBR. g., *Caust.*, MER. V.,
 ARS. AL., DULCA., MEZER.,
 BELL., EUPHOR., PHOS.,
 BRYON., *Hepar*, *Rhus t.*,
 CALC. C., *Kali c.*, *Sepia*,
 SILIC.

23 Burning of papules.

Alum, Kali c., Petrol.,
 Am. carb., Kali ch., Phell.,
 Argent., Kali ni., Phos.,
 Arsen., Lach., *Phos. ac.*,
 Bell., Lycop., Puls.,
 Bovist., Merc. ac., Ratan.,
 Bryon., Merc. v., Rhus t.,
 Canth., Mosch., Sabad.,
 Caust., Nat. carb., Squill.,
 Cinnab., Na. mur., Stan.,
 Digit., Nat. sul., Staph.,
 Dulca., Niccol., Stron.,
 Graph., Nit. ac., Sulph.,
 Gratio., Ol. an., Thuj.

24 Burning of vesicles.

Graph.,
 Am. carb., Hepar., Phell.,
 Am. mur., Kali c., Phos.,
 Aurum, Kali ni., Plat.,
 BAR. CB., Lach., Ran. b.,
 Bellad., Mag. cb., Ratan.,
 Bovist., Mag. mu., Sabad.,
 BRYON., Mangan., Senega,
 Calc. c., Merc. v., Senna,
 Canth., Mu. ac., Sepia,
 Capsic., Nat. cb., Spig.,
 Carb. an., Nat. mu., Spong.,
 Caust., Nat. sul., Staph.,
 China, Nit. ac., Sulph.

25 Burning in pustules.

Am. carb., Berber., Laches.,
 Ant. t., Cicut., Merc. v.,
 Apis, Crotal., Mezer.,
 Arsen., Graph., Petrol.

26 Burning in cicatrices.

Arsen., Graph.,
 Carb. v., Lach.

27 Burning—stinging variety.

Apis.

28 Coherent papules.

Cham., Verat.

29 Coherent vesicles.

Ran. b., Rhus t., Verat.

30 Coldness of skin.

(Main remedies only.)

China, *Phos.,*
Ant. t., IGNA., *Plat.,*
 ARSEN., IPEC., RHUS T.,
Bella., *Lyc.,* *Sambuc.,*
Camph., *Mezer.,* SANG.,
Carb. v., *Nit. ac.,* *Secale,*
Caust., *Nux. mos.,* SEPIA,
Chel.maj., *Nux v.,* SULPH.,
 VERAT.

Color, *see* Black, blue, etc.

31 Confluent cases.

Ant. t., *Hyos.,* Rhus t.
 Arsen., Maland.,
Cicuta, *Phos. ac.,*

32 Confluent papules.

Mur. ac., *Phos. ac.*

33 Confluent vesicles.

Alumi., *Petrol.,* Rhus tx.,
 Cro. tig., *Phell.,* Rhus vr.

34 Confluent pustules.

Ant. t., *Ipec.,*
 CICUT., *Merc. v.*

Contractive sensation, *see* 96.

35 Convulsions.

(Main remedies only.)

Ambra., *CICUTA.,* *Mosch.,*
Angus., *Coccul.,* *Nux m.,*
Ant. t., *Coffea,* *Nux v.,*
Arsen., *Conium,* *Opium,*
Asaf., *Crocus,* *Plumb.,*
 BELLA., *CUPR.,* *Puls.,*
Bryon., *HYOS.,* *Secale,*
Calc. carb., *Igna.,* *Squill.,*
Camph., *Ipec.,* STRAM.,
Canth., *Lauro.,* *Sulph.,*
Cham., *Lyc.,* *Tabac.,*
 Verat.

36 Cutting in papules.

Rhus t.

37 Cutting in vesicles.

Graph.

Debility, *see* 107.

38 Delirium.

(Main remedies only.)

Acon., *China,* *Plumb.,*
 ARSEN., *Cupr.,* *Rhus t.,*
Aurum, *HYOS.,* *Sambu.,*
 BELLA., *Lach.,* STRAM.
Bryon., *Lyc.,* VERAT.,

Cham., OPIUM., VER. V.Drawing sensation, *see* 96.

39 Eruption fails to appear.

Ant. t., *Hyos.*

40 Eruption irregularly developed.

Arsen., *Phos. ac.*Eruption pale, *see* 63.

41 Eruption recedes.

Acon., *Graph.,* *Rhus t.,*
Alum., *Hepar.,* *Sarsap.,*
Ambr., *IPEC.,* *Selen.,*
Am. carb., *Kali c.,* *Sepia,*
Ant. t., *Lach.,* *Silic.,*
Arsen., *Lyc.,* *Staph.,*
Bellad., *Merc. v.,* *Stram.,*
 BRYO., *Na. carb.,* *Sulph.,*
Calad., *Nux v.,* *Thuja,*
Camph., *Opium,* *Verat.,*
Carb. v., *Phos.,* *Zinc.*
Caust., *PHOS. AC.,*
Cham., *Psorin.,*
Dulc., *Pulsa.,*

42 Eruption scant on lower exts.

*Am. mur.*Exhalations offensive, *see* 57.

43. Hæmorrhagic cases.

Am. carb., *China,* *Phos.,*
Am. mu., *Crotal.,* *Solan.*
Arsen., *Ham.,*
Canth., *Lach.,*

44 Hæmorrhage from bladder.

Acon., *CANTH.,* *Nux v.,*
Actea r., *Capsic.,* *Opium,*
Ambra., *Carb. v.,* *PHOS.,*
Am. cb., *Caust.,* *Phos. ac.,*
Ant. c., *China,* *Plumb.,*
Ant. t., *Colocyn.,* *PULSAT.,*
Arg. ni., *Conium,* *Rhus t.,*
Arnica, *Euphra.,* *Sarsa.,*
Arsen., *Hepar,* *Seneg.,*
Ars. hy., *Ipec.,* *Sepia,*
Bellad., *Lyc.,* *Squill.,*
Berber., *Merc. cor.,* *Sulph.,*
Cact. g., *Merc. v.,* *TEREB.,*
Calc. c., *Mezer.,* *Thuj.,*
Camph., *Millef.,* *Uva u.,*
Can. sat., *Murex,* *Zinc.*

45 Hæmorrhage from bowels.

Aloes, *Cycla.,* *Psorin.,*
Alum, *Hama.,* *Pulsat.,*
Am. carb., *Igna.,* *Ratan.,*
Ant. c., *Ka. jo.,* *Sabina,*
Arsen., *Laches.,* *Sepia,*
Bary.mu., *Lyc.,* *Stram.,*
Borax, *Merc. cor.,* *Sulph.,*

Cact. g., *Merc. v.*, Valer.,
 Calc. c., Mu. ac., Zinc.
 Calc. ph., Na. mur.,
 Carb. v., Millef.,
 Cascar., Nux v.,
 China sal., Phos.,
 Colocyn., Platina,

46 Hæmorrhage from lungs.

Acon., Eugen., Na. cb.,
 Aloe, Euphra., *Na. mu.*,
 Am. cb., *Ferrum*, Nit. ac.,
 Anac., Hama., Nux m.,
Arnica, Hepar, Nux v.,
 Arsen., Hyd. ac., *Opi.*,
 Bella., Hyos., *Phos.*,
 Borax. Ipec., Phos. ac.,
Bryon., Jodium. *Plumb.*,
 Cact. g., Ka. bi., Pulsa.,
Calc. c., Ka. jo., *Rhus t.*,
Carb. v., *Ka. ni.*, Ruta,
 Chamo., Kreos., Sabad.,
China, Lach., Sabina,
 Cina, *Lauro*, Sangui.,
 Cistus, *Ledum*, Secale,
Coni., *Lyc.*, Seleni.,
 Copaib., *Mag. cb.*, Sepia,
 Crocus, *Mag. mu.*, Silicea,
 Cupr., Mang., Squill.,
Digit., *Merc. cor.*, Straph.,
 Daph., *Merc. v.*, *Sulph.*,
 Diad., *Mezer.*, *Sul. ac.*,
Dros., Millef., *Zinc.*,
 Dulc., Mu. ac.,

47 Hæmorrhage from Nose.

(Main remedies only.)

ACON., CROCUS, NIT. AC.,
Ambr., *Dros.*, *Nux v.*,
Am. carb., *Dulc.*, *Phos.*,
 ANT. C., *Ferrum*, *Platin.*,
Argent., *Grap.*, *PULSAT.*,
Arnica, HAMA., *Ratan.*,
Aurum, *Hepar*, *Rhodo.*,
Bary. c., HYOS., RHUS T.,
 BELLA., *Ipec.*, SABINA,
Bryon., *Ka. jo.*, SECALE,
Calc. c., *Ka. nit.*, *Sepia*,
Can. sat., *Kreos.*, *Silicea*,
 Canth., *Ledum*, *Spong.*,
Carb. v., *Lycopo.*, *Stram.*,
Cham., *MERC. V.*, *Sulph.*,
China, *Mosch.*, *Thuj.*,
 Cina, MILLEF

48 Hæmorrhage from uterus.

(Main remedies only.)

BELLA., FER. M., *Nux. v.*,
Bryon., HAMA., *Pulsat.*,
 CALC. C., *Hyos.*, SABINA,
Caulo., *Ign.*, SECALE,
Cham., IPEC., *Sepia*,
 CHINA, *Iodium*, *Silicea*,
Coffea, *Lyc.*, *Stram.*,
Copaiba, *Merc. v.*, *Sulph.*,
Diad., *Millef.*,
Crocus, *Nit. ac.*,

Hyperæsthesia, see 81.

49 Insensibility.

Arnica, Gels., OPIUM,
 Arsen., Glon., Petrol.,
Bary. c., *Hel.*, Phos.,
 BELLA., Hyd. ac., PHOS. AC.,
 Bryo., HYOS., *Platin.*,
 Calc. c., *Ka. carb.*, Puls.,
Camph., *Lyc.*, *Rhus*,
 Canth., *Merc. v.*, *Secale*,
 Cham., *Mu. ac.*, *Silic.*,
Cicut., *Na. mu.*, *Spig.*,
 CINA, Nit. ac., *Stram.*,
Coffea, *Nux m.*, *Sul.*,
 Coni., *Nux v.*, *Tarax.*,
Cupr., *Olean.*, *Verat.*

50 Itching of the skin.

(Main remedies only.)

ACON., *Graph.*, RHUS,
Agnus, *Ka. ars.*, *Sabad.*,
Ant. c., *Ka. c.*, *Sepia*,
Apis, *Lach.*, *SILICEA*,
Apocy., *Ledum.*, *Spig.*,
Argent., *LYCO.*, *SPON.*,
Arg. ni., *MERC. V.*, *STAPH.*,
Bary. c., *Mezer.*, *SUL.*,
Bryo., *Oleand.*, *Thuj.*,
Caust., *Platin.*, *Verat.*,
Comoc., *Psorn.*, *Viol. t.*,
Granat., *PULSA.*,

51 Itching of papules.

(Main remedies only.)

Acon., *BRYO.*, *Caust.*

52 Itching of vesicles.

Am. mu., *Kreos.*, *Phos.*,
 BRYON., *LACH.*, *Plumb.*,
 Bruc., *Mag. cb.*, *Ran. b.*,
 CALC. C., *Mag. mu.*, *Rhus vn.*,
 Canth., *Mangan.*, *Sars.*,
 Carb. v., *Na. cb.*, *Seneg.*,
 Caust., *Na. mu.*, *Sepia*,
 Clemat., *Nit. ac.*, *Silicea*,

- Daph., Ol. an., Spon.,
 Ka. cb., Petrol., Sul.
 Ka. chl., Phell.,
- 53 Itching of pustules.
 Ant. t., Graph., Petrol.,
 Bellad., Hyd. ac., Rhus,
 Berber, *Merc. v.*, Sarsap.,
 Dulc., Nux v., Sulph.
- 54 Itching of cicatrices.
 Flu. ac., Jodium.
- 55 Malignant cases.
 Am. cb., Camph., RHUS,
 Ant. c., CARB. V., *Secale*,
Ant. t., Hyos., Sepia,
 ARSEN., *Kreos.*, Silic.,
Bell., LACH., Spig.,
 Bryon., *Mu. ac.*, Variol.
- 56 Mouth, Pustules in.
 Ant. t., Bapt.,
 Arsen., Hydras.,
- 57 Offensive exhalations.
Maland.
- 58 Pain in lumbar region.
 ÆSCUL., Coni., Phytol.,
 Asaf., Cycl., Plumb.,
 Bary.acet., DULC., Psorn.,
 BERB., Hama., *Pulsa.*,
 Brom., Hydras., *Secale*,
 Bryon., Hyos., Senega,
 Calc. c., Indig., SEPIA,
 Canth., Ka. tar., Silic.,
 Carb. v., Kobalt., Staph.,
 Carb. ac., *Ledum*, Stram.,
 Carlsb., Murex., Stron.,
 Caust., Na. mu., Sul. ac.,
 Cimic., Nux v., Tabac.,
 Coloc., Phos., *Valer.*
- 59 Pain in papules.
 Ant. c., Ka. jo., Puls.,
 Argent., Lach., Senega,
 Arnic, Mag. m., Spong.,
 Arnica, Mu. ac., Squill.,
 Coccul., Na. c., Staph.,
 Conium, Nit. ac., Sulph.,
 Graph., Nux v., Verat.
 Ka. c., Phos.,
 Ka. chl., Plumb.,
- 60 Pain in vesicles.
 Anac., Graph., Phos.,
 Bell., Ka. c., *Pulsa.*,
 Berber, Lach., Sulph.,
 Borax, Na. mu., *Valer.*,
 Cheno., Na. sol. Zinc.
 Cicut., Nit. ac.,
 Clemat., Nux v.,
- 61 Pain in pustules.
 Ant. t., Berber.,
 Arsen., Stram.,
- 62 Pain in cicatrices.
 Carb. v., *Nit. ac.*,
 Lach., *Nux v.*,
 Na. mu.,
- 63 Paleness of papules.
 Bell.
- 64 Petechia.
 ARN., Euphra., *Phos.*,
 ARSEN., Ferrum., Plumb.,
 Bell., Hamam., *Pulsat.*,
 Berber., *Hepar.* RHUS,
 BRYON., *Hyos.*, Ruta,
Calc. c., Lach., *Secale*,
 Canth., Lauro, Silice.,
 Cham., *Ledum*, Stram.,
 China, Na. cb., SULPH.,
Conium, Na. mu., SUL. AC.
 Croc. h., NUX V.,
 Dulcam., Paris,
 Pitting, *see* 66.
- 65 Prevention (of variola).
 Bapt., Saracen., Variol.,
 Cimic., Thuj.,
 MALAN., Vaccin.,
- 66 Prevention of pitting.
 Cimicif., *Maland.*, Variol.
 Hydras., Thuj.,
- 67 Prickling sensation in skin.
 Agaric., Cina., *Plant.*,
 Ant. t., Crocus., Ran. sc.,
 Bary. mu., Dros., Sabad.,
 Bella., Lyco., Sepia,
 Berber., Mezer., Sulph.,
 Can. sat., Mosch., Zinc.
- Prostration, *see* 107.
- 68 Pulse fluttering.
 Apis, *Cicut.*, *Rhus*,
 Arn., Coccul., *Sabina*,
 Arsen., *Kreos.*, *Sepia*,
 Bell., Lach., SPIG.,
 CAL. C., Na. mur., *Staph.*,
 Camph., Phos. ac.,
- 69 Pulse imperceptible.
 ACON., Hell., Phos. ac.,
 Agnus, Hyos., Plat.,
 Ant. t., *Ipec.*, Pulsat.,
 Arsen., Jatros., Rhus.,
 Can. sat., Jodium, *Secale*,
 CAR. V., Kalmia, SILICEA,
 Cicut., Lauro, Stan.,
 Coccul., *Merc. v.*, Stram.,
 CUPR., Nux v., Sulph.,

- Ferrum, *Opium*, VERAT.
 70 Pulse intermittent.
Acon., DIGIT., Rhus,
Agaric., Glon., Sabina,
 Ant. c., *Hepar*, *Sambu.*,
 Apis, Hyos., SECALE,
 Arsen., *Ka. c.*, *Sepia*,
 Angus, Lach., *Stram.*,
 Brom., Laur., *Sulph.*,
Bryon., MERC. C., Tabac.
 Canth., Mu. ac., Thuj.,
 Caps., NA. MU., Verat.,
 Carb. v., *Opium*, Zinc.
 CHINA, PHOS. AC.,
 Daph., Plumb.
 71 Pulse irregular.
Acon., Gels., PHOS.AC.
Agar., Glon., *Plumb.*,
Angus., *Hep.*, Rhus,
 Ant. c., Hyd. ac., *Sambu.*,
Arsen., *Hyos.*, Sang.,
 Ars. io., Igna., *Secale*,
 Asaf., Ka. bi., *Sepia*,
 Bell., Ka. carb., Still.,
Bryo., Lach., STRAM.,
 Caps., Laur., *Sulph.*,
 Carb. v., Merc. v., Sumb.,
 Cham., Mu. ac., *Verat.*,
 CHINA, NA. MUR., Valer.,
 Cimic., Olean., Zinc.
 Digital., *Opium*,
 72 Pulse slow.
Acon., Colch., *Opium*,
Agaric., *Coni.*, *Sambu.*,
 Arnica, *Cupr.*, Sanguin.,
 Arsen., DIGIT., *Secale*,
Bella., *Hell.*, *Sepia*,
 Berber., Hydras., Silic.,
Camph., Ka. nit., STRAM.
 Can. sat., Lachesis,
Canth., *Lauro*,
 73 Pulse small.
 (Main remedies only.)
 ACON., GUAIAAC.,
Arsen., *Hyos.*, *Phos. ac.*,
Bell., *Iodum*, *Sambu.*,
Camph., *Ka. cb.*, SECALE,
 CARB.V., *Kreos.*, SILICEA,
Cham., LAURO, *Stann.*,
China, *Merc. v.*, *Stram.*,
Coccul., *Opium*, *Sul. ac.*,
 CUPR., *Phos.*, VERAT.
 74 Red areola to vesicles.
 Graph., Platin., Staph.
 Mangan., Rhodo.,

- Phos. ac.*, Rhus,
 75 Redness of skin.
 (Main remedies only.)
Acon., *Dulc.*, *Nux v.*,
Agaric., GRAPH., *Opium*,
Arnica, *Lyco.*, *Phos. ac.*,
 BELL., MERC. V., *Pulsat.*,
 RHUS.
 76 Redness, bluish, of skin.
 Lach.
 77 Redness, brownish, of skin.
 Arg. ni., Nit. ac., Thuj.
 LACH., *Phos.*,
 78. Redness, erysipelatous of skin.
 (Main remedies only.)
Acon., *Graph.*, *Phos.*,
Bry., *Lach.*, *Rhus*,
Bell., *Hepar*, *Pulsat.*,
Cham., *Merc. v.*, *Sulph*
 79. Redness, Scarlet, of skin.
 (Main remedies only.)
 BELL., *Merc. v.*, *Phos. ac.*
 Respiration, see 17.
 80. Restlessness.
 (Main remedies only.)
 ACON., *Cham.*, *Platin.*,
 ANAC., *China*, RHUS,
 ARSEN., CICUT., *Sambu.*,
 BAPT., *Crocus*, SECALE,
 BELL., *Ferrum*, SEPIA,
Bryo., *Graph.*, STAPH.,
Calc. c., HYOS., STRAM.,
 CAMPH., MERC. V., *SULPH.*,
Can. sat., *Nux v.*, *Valer.*
Carb. v., *Opi.*,
 Secondary, see fever 93.
 Sensations, see Biting, burning, etc.
 81. Sensitiveness of skin.
 (Main remedies only.)
Agaric., *Kreos.*, PLUMB.,
Bell., *Ledum*, Rhus,
 CALC. C., *Mag. c.*, *Selen.*,
 CHINA, *Mosch.*, *Sepia*,
Coff., *Na. mu.*, SILICEA,
Coni., *Nux mo.*, *Squill.*,
Ferrum, NUX V., *Thuj.*,
 IGNA., PETROL., *Verat.*
Ipec., PHOS. AC.,
 82. Sleeplessness.
 (Main remedies only.)
Acon., *Graph.*, *Nux v.*,
 ARSEN., HEPAR, *Opi.*,
Bary. c., HYOS., *Phos.*,
 BELL., *Igna.*, PULSA.,
Borax, *Jod ium*, *Ran. b.*,

BRYO., *Jalap*, *Ran. sc.*,
 CALC. C., KA. CB., RHUS,
Camph., *Kreos.*, *Selen.*,
Carb. v., *Lach.*, SEPIA,
 Caust., *Ledum*, SILIC.,
 CHAM., *Mag. cb.*, SULPH.,
 CHINA, *Mag. mur.*, THUJ.,
 CICUT., MAG.SUL., *Valer.*
 Cina, MERC. V.,
 COFF., *Na. cb.*,
 Coni., *Nit. ac.*,

83. Smarting of skin.

(Main remedies only.)

Alum, *Daphr.*, PETROL.,
 ARNICA, GRAPH., PLATIN.,
Aurum, HEPAR, PULSAT.,
 BRYON., IGNA., RHUS,
 CALC. C., LYCO., SEPIA,
 CANTH., MERC. V., SULPH.,
 CAUST., NIT. AC., SUL. AC.,
 CICUT., NUX V., ZINC.

84. Smarting of papules.

Agaric., Digit., Merc. v.,
 Alum, Guaiac., Mezer.,
 Argen., *Hepar*, Phos. ac.,
 Bell., Hyos., *Rhus*,
 Bovis., *Lamium* *Sabina*,
 Calc. c., KA. cb., Selen.,
 Cham., KA. nit., Spig.,
 Clem., Lyco., Stan.,
 Colo., Mar. v., Verat.,
 Zinc.

85. Smarting of vesicles.

Graph., Platin., Staph.,
 Mangan., Rhodo.,
 Phos. ac., Rhus,

86. Soft palate, pustules on.

Ambra.

87. Sore feeling in pustules.

Merc. v.

88. Sticking in skin.

(Main remedies only.)

AM. MUR., COLCH., SABAD.,
 ARNI., CONI., SEPIA,
Daphre,
 ASAR., FERR., SILICEA,
 BARY.CB., GRAPH., SPONG.,
 BELLA., IGNA., STANN.,
 BRYO., KA. CB., STAPH.,
 CALC. CB., MERC. V., SULPH.,
 CANTH., NIT. AC., TARAX.,
 CAUST., NUX V., THUJ.,
 CHAM., PULSA.,
 COCCUL., RHUS,

89. Sticking in papules.

Alum, *Graph.*,
 Ant. c., Hell.,
 Arnic., KA. cb.,
 Bell., KA. nit.,
 Calc. ph., Kreos.,
 Canth., Na. cb.,
 Caps., Petiol.,
 Caust., Squill.,
 Coccul., Staph.

90. Sticking in vesicles.

Am. cb., Cham., Spong.,
 Calc. cb., Silic., Staph.

91. Sticking in pustules.

Am. cb., Dros.,
 Berber., Rhus.

92. Subsultus tendinum.

Ambr., *Cupr.*, Phos. ac.,
 Ant. t., *Graph.*, *Platin.*,
 Argen., Hyos., Ranu. sc.,
 Arsen., Igna., *Secale*,
 Asaf., IOD., Sepia,
 Bella., KA. CB., Silic.,
 Caust., Mar. v., Spig.,
 Clem., *Menz.*, *Spon.*,
 Coccul., MEZ., Sul. ac.,
 Coloc., *Na. carb.*, Therid.,
 Coni., Na. mur., Viol. t.

Suppressed eruption, *see* 41.

93. Suppurative fever, to prevent.

Maland.

94. Swelling of skin (in variola).

Apis, Camph., Rhus.
 Bell., Hydras.,

95. Tearing in papules.

Dulcam.

Temperature diminished, *see* 30.

96. Tension in skin (sensation).

(Main remedies only.)

Ant. cr., CAUST.,
 ARNICA, *Graph.*,
 BARY. CB., *Nit. ac.*,
 BELLA., NUX V.,
Borax, *Phos.*,
 BRYON., PULSA.,
 CARB. AN., *Ran. sc.*,
Carb. v., RHUS.

97. Tension in skin of face.

Alum, Lach., Rheum.,
Bary. c., Lyco., Rhus,
 Graph., Mag. cb., Sambu.,
 Gratiol., Merc. v., Sul. ac.,
 Hepar, Mosch., Viol. od.,
 Hyperic., *Phos.*, Viol. t.
 KA. cb., *Phos. ac.*,
 KA. nit., Pulsa.,

98. Tension in papules.
 Arnica, Coni., Na. sul.
 Bovist., Mang.
99. Tension in vesicles.
 Am. mur., Mag. mur.,
 Ka. nit., Mur. ac.,
 Mag. cb., Na. cb.
100. Tension in pustules.
 Ant. t., Ka. nit.,
 Coral., Mag. sul.
101. Throat, pustules in.
 Ant. t., Bapt.,
 Arsen., Variol.
102. Tickling in papules.
 Bell., Caust., Verat.
 Canth., Mag. mur.,
103. Tickling in pustules.
 Mezer.
- Twitchings, *see* 92.
104. Typhoid tendency.
 Ant. t., Hama., Phos. ac.,
 Arsen., Maland., Rhus.
 Bapt., Phos.,
- Unconsciousness, *see* 49.
105. Urine retained.
 Acon., Cicut., LYCO.,
 ARNICA, Colch., Nux v.,
 Arsen., Coloc., Opi.,
 Aurum, Coni., Plumb.,
 BELLAD., Cupr., Pulsa.,
 Camph., Digit., Ruta,
 CANTH., Graph., Secale,
 Caps., Hepar, STRAM.,
 Caust., Hyos., Sul.,
 China, Lauro, Verat.
106. Urine scanty.
 (Main remedies only.)
 Acon., GRAPH., PLUMB.,
 Ant. t., HELL., Pulsa.,
 ARSEN., Hepar, Ratan,
 Bella., Hyos., RUTA,
 Bryon., Ka. cb., Sabina.,
 Can. sa., Lauro, STAPH.,
 CANTH., LIL. TIG., SUL.,
 Caust., MERC. S., TEREB.,
 China, Nit. ac., Verat.,
 COLCHI., Nux v.,
 DIGIT., OPI.,
 EUISET., Phos.,
 Velum, pustules on, *see* 86.
107. Weakness (compare 1).
 (Main remedies only.)
 Agaric., Cupr., PHOS.,
 Alum., DIGIT., PHOS. AC.,
 PIC. AC.,

<i>Am. cb.</i> ,	FERR.,	<i>Plat.</i> ,
<i>Anac.</i> ,	GELSEM.,	PLUMB.,
<i>Angus</i> ,		
APIS,	<i>Igna.</i> ,	<i>Pulsa.</i> ,
ARSEN.,	IOD.,	RAN. B.,
<i>Bary. cb.</i> ,	KA. CB.,	<i>Rhodo.</i> ,
<i>Bellad.</i> ,	LACH.,	RHUS,
<i>Bismu.</i> ,	<i>Lauro</i> ,	<i>Ruta</i> ,
<i>Bovist.</i> ,	LYCO.,	SECALE,
<i>Bryon.</i> ,	<i>Mag. cb.</i> ,	SEPIA,
CALC. C.,	MERC. C.,	SILIC.,
<i>Camph.</i> ,	MERC. CY.,	SQUILL.,
<i>Can. sat.</i> ,	MERC. S.,	SI'AN.,
<i>Canth.</i> ,	MERC. V.,	SUL.,
<i>Carb. v.</i> ,	MUR. AC.,	SUL. AC.,
CAR. AC.,	NA. MUR.,	TABAC.,
<i>Caust.</i> ,	<i>Nit. ac.</i> ,	TEREB.,
<i>Cham.</i> ,	<i>Nux ms.</i> ,	<i>Therid.</i> ,
CHINA,	NUX V.,	VERAT.
COLCH.,	<i>Olean.</i> ,	
<i>Coni.</i> ,	<i>Petrol.</i>	

ON A SPECIAL FUNCTION OF THE
 EXTERNAL THIRD OF THE LEN-
 TICULAR NUCLEUS OF THE COR-
 PUS STRIATUM.*

BY

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In the course of my professional practice, I have met with no less than three cases of *anosmia*, caused apparently by injury to the lenticular nucleus of the corpus striatum. The first was a case of fibroid tumor, which gave rise at first to epilepsy, abnormal sensations of taste, and exaltation of the sense of smell, followed eventually by unilateral anosmia and crossed hemiplegia succeeded by late contractions. The tumor which sprung from the dura mater, was situated opposite the right island of Reil, which, together with the external portion of the right lenticular nucleus, was atrophied by it.

The second case, which occurred in one of the surgical wards of Brown Hospital, during the war of the Rebellion, was a gun-shot wound through the left lenticular nucleus, which,

* Abstract of paper read before the Philadelphia meeting of the American Association for the Advancement of Science.

though not directly injuring the island of Reil, produced aphasia, unilateral anosmia, and crossed hemiplegia.

The third case was one of necrobiotic softening of the left lenticular nucleus (external third), caused by an embolic closure of the external trunk of the external artery of the corpus striatum. The symptoms in this case were unilateral anosmia with crossed hemiplegia, without aphasia.

As anosmia is not a very unusual symptom in lesions of the anterior portion of the brain, it was not until I had met with this last case that my attention was particularly arrested by it; but the occurrence of three successive cases of unilateral anosmia in connection with circumscribed destruction of the external third of the lenticular nucleus, seemed to be something more than a mere coincidence, and I sought to trace the connection between them, in case any physiological relationship existed.

The more I studied these cases, the stronger became my conviction, that the external third of the lenticular nucleus, and not, as is generally supposed, the caudate nucleus, is the special ganglionic center controlling the sense of smell. In the first place, all the well authenticated instances of such injuries which I have been able to find, confirm this inference. Thus, in the *Med. Chir. Trans.* for 1870, W. Ogle records two cases; in the *Brit. Med. Jour.* for April, 1864, Fletcher and Ransome relate one case; and in the first volume of the *London Hospital Reports*, Hughlings Jackson gives four cases, in all of which the cerebral lesions were in this particular portion of the brain, and all gave rise to unilateral anosmia with aphasia and right hemiplegia; the aphasia resulting from the implication of the left island of Reil, which is contiguous to the external third of the left lenticular nucleus. In all these cases the anosmia was on the same side as the lesion cross-

ing the aphasia and the crossed paralysis.

Now it is important to observe here, that this anosmia cannot be due to injury of the olfactory nerve, since if it were, the loss of smell would be found to occur on the side *opposite* the seat of lesion, as in cases of cerebral hemi-anæsthesia, in consequence of that side corresponding to the cutaneous anæsthesia, that is to say, the sensibility would be abolished by reason of the implication of the fifth nerve, which gives functional activity to the olfactory nerve, as shown by the experiments of Magendie and others.

But, to return to the cases cited, which implicated the island of Reil. This part of the brain is contiguous to the external third of the lenticular ganglion, being separated from it only by a thin medullary layer of the outer capsule from the claustrum, which belongs morphologically to the cortical substance of the island of Reil.* Moreover, although this external capsule is not generally connected by nerve fibers with the nucleus lenticularis on which it lies. Meynert has in a few instances been able to trace such nerve fibers into the surface of the ganglion. This, however, is not important, as the first root of the olfactory nerve is distributed, not only to the external third of the lenticular nucleus, but also to the island of Reil. The latter is, therefore, I think, the true cortical center, although Ferrier, from his experiments on animals, is inclined to place it in the cornu ammonis, or ventricular extremity of the inner surface of the corpus callosum, to the longitudinal fibers of which Foville traces the internal root. Now, although Ferrier places the exact seat of this center in the cornu ammonis, he says of a point about midway between this and Broca's convolution, that he has on one or two occasions observed movements which may be characterized as elevation of

* Meynert.

the lip and dilatation of the nostrils in animals experimented on. So that even Ferrier's observations tend to confirm our inference rather than otherwise. I am inclined to think, however, that Ferrier's results are due to localized irritation of the external third of the lenticular ganglion, rather than to any olfactory cortical center, or even to irritation of the olfactory tract itself; for he found irritation of the frontal extremity of the brain to cause irregular and sudden movements of the head or of the respiratory muscles; movements which were due, probably, to irritation of the olfactory bulb which lies in that immediate vicinity. In precisely the same manner would I account for the occurrence of aphasia in lesions of the external third of the left lenticular ganglion. This will serve to explain, also, the general belief that only the external root of the olfactory nerve is concerned in olfaction. Thus, Bellamy, in Quain's *Dic. of Med.*, says, "The external root only of the olfactory nerve is the one directly concerned in olfaction," and quotes from some other author to the effect that "it depends upon the degree to which this root or its central termination has been disorganized whether the loss of smell be complete or partial." Serres, also, who observed several cases of disease implicating the roots of the olfactory nerves, reaches the conclusion that the external root exerts a much more powerful influence than that of either of the others. It is evident, also, that the facts observed by Ferrier, already alluded to, as well as the frequent association of aphasia with unilateral anosmia, find a satisfactory explanation in the passage of some of the fibers of the external root of the olfactory nerve to the island of Reil.

Before leaving this subject, it may not be amiss to remark that some very unwarrantable deductions have been made relative to the comparative size of the striated ganglia. It was very natural for Meynert, who found that the inferior portion of the "ca-

put nuclei" conduits constitutes the gray matter which lies just above the anterior perforated space, to agree with Gratiolet, who gave to this inferior region the name of the *olfactory district*. He says, "I am able to bear witness to the justice of this designation by confirming the fact that this inferior district of the corpus striatum is invested by a thin layer of cortical substance, whose continuity with the cortex of the olfactory lobe may be easily demonstrated both as regards the neuroglia and the nerve-cell stratum of the latter. I say it was but natural for Meynert to agree with Gratiolet; but he draws therefrom the following remarkable inference, namely, that "the relative increase in the size of the ganglia of the caudex in man affects the nucleus lenticularis far more than the nucleus caudatus, and" this, he says, "is probably due to the fact that the development of the latter is dependent upon that of a region of the brain which is but poorly represented in man, namely, *the olfactory lobe*." The inference from this is, that he regards the nucleus caudatus, rather than the nucleus lenticularis, as the olfactory center; and that it is relatively small in man because its development is dependent on that of the olfactory lobe, which in man is inferior in size to that of some of the lower animals. But the acuteness of the sense of smell in the latter depends rather, as is well known, upon a modified arrangement of the turbinated bones, whereby is afforded a larger expanse of surface for the reception of odoriferous particles than exists in man. As for the olfactory bulbs, Magendie found that animals retained the sense of smell after they had been removed. Of the same import are the cases of absence of the olfactory bulbs in man, reported by Bernard, where, nevertheless, smell existed during life. I am aware that a difference of opinion exists on this point, Prevost claiming that section of the olfactory bulbs entirely destroys the sense o

smell. This, however, is immaterial so far as our argument is concerned, for it is not denied that the *olfactory nerves* are the proper and only channels through which the peripheral impressions concerned in olfaction are transmitted to the cerebral ganglia; which, so far as man is concerned, his sense of smell is, when fully educated, almost as acute as that of many of the lower animals.

It is important in this connection to remember that the entire nucleus lenticularis and the whole extent of the internal capsule derive their vascular supply from the Sylvian artery, and that the supplying branches are terminal. This is not the case with the caudated ganglion or the thalamus opticus, as the former is partly supplied by the anterior cerebral artery, and the latter by the posterior cerebral artery. Now, Charcot has shown, first, that lesions confined to what he calls the posterior lenticulo-optic region of the internal capsule, necessarily result in that form of hemi-anæsthesia which he calls cerebral, and in which sensations controlled by the optic and olfactory nerves are so affected as to faithfully reproduce the characteristics of hysterical anæsthesia; second, that, on the contrary, in all cases where the lesions involve only that part of the capsule which lies between the lenticular ganglia, and the head of the caudated ganglion, anæsthesia is absent. Now, hysteria presents a *unilateral* anæsthesia; and this hemi-anæsthesia does not include common sensation alone, but involves also the *sensorial apparatus* of the same side of the body affected with cutaneous anæsthesia, and that *sensorial hemi-anæsthesia* takes in the nerves of smell and vision, the origins of which are in the neighboring ganglia. But we have already shown that the sense of smell has its chief ganglionic center immediately beneath the island of Reil; that this center is confined to the external third of the lenticular nucleus of the corpus striatum; and that when this center

is destroyed the sense of smell is abolished on the corresponding side. We therefore conclude that, while the island of Reil and, possibly, the gyrus uncinatus, are cortical olfactory centers, *the external third of the lenticular nucleus of the corpus striatum is the true ganglionic center of the sense of smell.*

MUREX AND IGNATIA.

BY

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Dr. A. A. Goldsmith asks in the November number of your valuable Monthly, page 318: *When authorities differ who shall decide?* and my plain answer is, the *Materia Medica*. I would refer the Doctor to Hahnemann's *Materia Medica Pura* and *Chronic Diseases*, but they do not contain Murex, and we must be satisfied with Allen's Encyclopedia.

In looking over the provers mentioned by Petroz, we find that they all suffered from leucorrhœa (one bloody) and of Hering's provers, one had prolapsus and the other had been subject to almost constant pain in her right hip. Before we go into the symptoms, let us read in the *Pharmacodynamics* of R. Hughes, 4th edition, p. 674: Murex acts specifically upon the uterus, rendering the provers painfully conscious of possessing such an organ (*Helonias*, *Sepia*, *Lilium*). It produces also in them the well-known sympathetic symptoms of sinking in the stomach and pains in the breasts, also great sadness and despondency, the sexual appetite moreover is greatly excited. It has proved curative in several cases of uterine congestion (may we not add, passive?) and from one of these Petroz thinks it likely to be useful in the inflammatory and fungous engorgements of the neck of the womb, whose degeneration, so rapid and so dangerous, often produces accidents and irreparable disorders.

Henry N. Guernsey, in his *Obstetrics*, recommends Murex, p. 525, in

dysmenorrhœa with sore pain as if injured with a cut in the uterus, or violent pain in the right side of the uterus, extending to the chest—and 702: Murex has cured carcinoma uteri where very great depression of spirits, a sort of deep hypochondria, prevails as the characteristic symptom.

Heinigke, in his *Materia Medica*, p. 361, says of Murex: Intense sexual excitement culminating in excessive amorosness and increasing upon the slightest touch; sensation of soreness and constriction of the uterus; pulsation and cutting pain in the groin; violent pain in the right hypogastric region, extending towards the breast; sensation of pressure and heaviness in the vagina and labia; *bloody discharge from the vagina; leucorrhœa of a watery and purulent nature.*

Thomas (*Diseases of Women*, p. 237), says of *chronic cervical endometritis*: this is without doubt the most frequent, and although not in itself a malady of dangerous character may prove the starting point for some of the most serious and rebellious of uterine disorders. Its symptoms among others are: dragging sensation about the pelvis, profuse leucorrhœa, more or less, a nervous irascible mood, feeble digestion.

We might add other authorities, but this will suffice to read between the lines; when we consider the difference between the primary and secondary symptoms which each remedy possesses. Certainly the women, to whom Murex will suit, are not in the best of health, though not yet, necessarily suffering from a cachexia, and the primary mental depression is characteristic, which being relieved by the drug, the patient may become lively and in good spirits, especially as the flowing menses relieve the congestion which preceded the menstruation. In such an unhealthy state of the female genital organs, to which Murex is especially suitable, we cannot expect the regularity of the menstrual function, either in quantity or

quality, hence the menses may be delayed one month and flow more abundantly the next month, probably with relief of all symptoms. "The return of bloody discharge from the vulva on going to stool, it ceases and reappears," shows clearly the unhealthy state of the patient (blood squeezed out by pressure?). One of the most characteristic symptoms of Murex is the "violent sexual desire, an excitement that her will and reason could hardly control." The same symptom is under *Lilium*, which is our grand remedy in functional subinvolution of the uterus; whereas, in Murex the lesion is already deeper seated (prolapsus and ulceration).

Ignatia is our great anti-hysterical drug, and taking the drug in that sense the symptom of deglutition explains itself as a mere nervous symptom with all the whims of hysterical symptoms. There is no inflammation and therefore solid food is swallowed easily, liquid food pains (hydrophobia is also a neurosis), *swallowing saliva pains*, and when swallowing the latter sensation as if *she* swallowed a lump, causing soreness and cracking noise. That it is not inflammatory, is proved by the symptom: difficulty in swallowing both solid and liquid food, *the more he swallows the better he feels*. The changeability of all symptoms under Ignatia is well known and therefore these chameleon symptoms of Ignatia are easily explained.

TETANUS.

BY

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Mrs. Streets, aged 45, was taken with tetanus, caused by injuries, and was cured by *Hypericum*. This lady was attacked with lock-jaw the 16th of July, and was under old school treatment for twenty-four hours, when given up by her medical attendants; I was sent for on the 19th, at 2 P. M.

The history of the case is as follows: On the 15th of July, she ran bare foot after one of her chickens, and unfortunately stepped on a piece of glass, leaving a good sized cut, partially lacerated, across the sole of the left foot; further inquiries proved the attending physicians probed the wound for the foreign body, several times, searching in vain.

The condition I found the lady in was a very critical one, lock-jaw being complete, with opisthotonos, difficulty in swallowing, mouth could not be opened to the usual width, hardness of the muscles of the neck and throat, teeth clenched, temporal and masseter muscles hard and bulging, face distorted, nostrils dilated. The expression was of much suffering. Knowing all about the history of the case, I made no attempt at probing, but waited patiently for a remission; relaxation took place in about ten minutes, the rigidity of the muscles yielding. I at once gave her ten drops of *Hypericum* tincture, and injected in the wound *Calendula* tincture, diluted one to ten. She kept the medicine in her mouth at least for two minutes when I grasped her nose and made her swallow; repeated the dose in about ten minutes, dressed the wound, and left her, one hour after, resting comfortably without any relapse. Before leaving, I prepared the first decimal dilution of *Hypericum*, and ordered it to be taken every hour, one tea-spoon full, and gave also the necessary instructions how to inject the wound with the diluted *Calendula*.

Made no other call, and had the pleasure to see my patient in my office two weeks afterward, quite convalescent but a little lame.

It has always been admitted in this vicinity, that lock-jaw is incurable, and several cases have died within the past year (they had the old school treatment). This case having been watched by the public and also by the press, created a great deal of excitement.

COLORLESS MEDICINES FOR TOPICAL USES.

BY

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Chicago.

The use of some drugs, of very great value as topical medicaments, is certainly restricted because of their objectional high color, and the stains which they impart to the skin and the clothing of patients. We may insist upon their use, and the patient in his or her desire to be cured or relieved, may persist in their use, but with decided protest and objection, none the less intense, because unspoken. Aside from any æsthetic reason, there is an economic objection which we should not overlook. The stains made by many drugs are so persistent and indelible, are an almost insurmountable objection to the use of clothing, towels, napkins, etc., and there are but few who can afford to discard those articles and purchase new.

We use in almost daily practice several high colored drugs as lotions, enemas, etc. *Arnica*, *Calendula*, *Hamamelis*, *Hydrastis*, *Hypericum*, *Eucalyptus* and others belong to the list.

Of these, until lately, only one has been decolorized. We have several distilled extracts of *Hamamelis*, which are elegant, colorless preparations.

Several years ago, Dr. T. D. Williams, of Chicago, prepared for me a distilled extract of *Arnica*, which had the taste, odor, and, so far as I could see, the curative action of the tincture, without its red color and staining effects. It was not placed before the profession, however, and I do not know that it is now manufactured.

Calendula, so useful in lacerated wounds, has a deep, yellowish color, even when largely diluted. Unfortunately, the elegant aqueous preparation, lately introduced by Luytes & Co., of St. Louis, is open to this objection: It will stain. Take the color out (and color is no part of its

medicinal action), and this preparation would be elegant. I do not know whether aqua-Calendula can be distilled so as to retain all its healing qualities, for one of its constituents is a mucilage, which, like the mucilage in Symphitum, may be valuable, and may not be carried over into the retort.

Hypericum is open to the same objection, and as it contains no mucilaginous principle, ought to be distilled, colorless, as well as Hamamelis.

Eucalyptus, so valuable as a local application in all catarrhal conditions, as in leucorrhœa, catarrh of the bladder, urethra, and nose, has a very objectional color. Its oily principle, Eucalyptol, is not readily miscible with water. I know of only one distilled preparation, the aqua-Eucalypti (distilled), made by Chapman, Green & Co., of Chicago. This is as unobjectionable as distilled extract Hamamelis, and if it contains a proper proportion of the volatile oil, must be as efficacious as the tincture or the Eucalyptol.

Hydrastis, owing to its intense orange-yellow color, and the permanence of its stains, has not been used one-tenth as much as it should, had there been a colorless preparation. Distillation has no effect in removing the color, for the Berberina which contains it, was carried over. Hydrastis contains a colorless alkaloid, called Hydrastia, but its high price has heretofore been a great objection to its use, although the hydrochlorate has been used a good deal. About a year ago the Messrs. Lloyd Bros., of Cincinnati, the well known analytical chemists, and editors of the "Drugs and Medicines of North America" sent me a sample of a colorless solution of Hydrastis which was a beautiful preparation. I began to use it and was gratified with the results. At first it was doubtful if it could be prepared and given to the profession at a cost which would enable us to prescribe it as largely as its merits demanded.

I understand that this has been overcome and now the cost is but little more than a distilled extract of Hamamelis. It contains all the constituents of Hydrastis root, except the high colored Berberina, namely: Hydrastia alkaloid; an opalescent principle yet unknown, and another, not yet isolated, which I believe will be found to be somewhat similar to cocaine in its sedative effects upon diseased mucous surfaces.

As my personal experience may be of use, I will append a few of its uses:

Internally. This preparation has altogether succeeded in my practice the tincture Hydrastis, and dilutions in the following disorders, namely: Dyspepsia with irritable stomach; acute and chronic gastric catarrh, gastric intestinal catarrh, especially in children; the recent physiological experiments with Hydrastia show that it heightens the sensitiveness of the spinal reflexes. This power will make it specially indicated in *gastro-intestinal irritation* and catarrhs, where reflex disturbances are common. There is a particular variety of gastric irritation, characterized by painful digestion, distress after eating, slow digestion of food in the stomach with formation of gases, and fermentation; vomiting of food or injecta mixed with mucus, etc. This colorless Hydrastia will often cure this disorder unaided (10--15 drops before meals). But in many cases I have had brilliant curative results from the following mixture, when either alone failed.

R

Colorless solution Hydrastia,	3 j.
Bismuth Sub-nit,	3 j.
Pure Pepsin (Non-saccharated)	3 j.
Distilled water,	3 iii.
Mix.	

Give a teaspoonful before meals, and in bad cases, another, one hour after.

The usual dose of the solution is five to fifteen drops in water, every

three to four hours, or one teaspoonful in half a glass of water, giving a spoonful as often as indicated.

Topically. I use this solution in aphthous sore mouth, catarrhal pharyngitis, laryngitis and bronchitis (in the two latter, in the form of a *spray*). In vaginal catarrh (leucorrhœa) it is admirable as an injection. After washing out the vagina with a weak, hot saline solution, inject the following: One teaspoonful Hydrastis' solution to four or five ounces of water. In cervical or intra-uterine catarrh it be applied pure, on a probe wrapped with absorbent cotton, if the cervix is sufficiently open; if not, inject it through Battle's syringe, which carries from ten to thirty drops. A cotton tampon, saturated with the solution, one half water, is a very efficient method of applying it. In chronic gonorrhœa, catarrhal conjunctivitis, catarrhal otorrhœa, nasal catarrh, and even some forms of eczema, and other irritable cutaneous diseases, its use is attended by the best results.

NAPHTHALIN IN ROSE COLD.

BY

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On May 6th of this year I received the following note from Mrs. C——. "I am in torture with rose fever; great irritation of the lining membrane of nostrils and lips, with constant running of water from nose, with the feeling of having inhaled pepper. Constant sneezing. Eyes inflamed and painful. Entire head hot and inclined to ache. Send something to relieve me." I prescribed naphthalin 2x trit. every hour. On May 8th the patient called at office for more medicine and wanted to know what that medicine was that gave her so much relief. She said she had had rose fever every year for twelve years and had been treated by a number of physicians with but little relief at any time until she had taken treatment of me. On May 11th, she called

again. Said she was cured but that as she was going out of the city, she wanted another prescription of the same medicine to take with her to use in case of a return of the rose fever. On May 29th she called at office. Had had no return of rose fever.

SCARLATINA, MEASLES, WHOOPING-COUGH, AND HOMŒOPATHY..

BY

DR. MARTINY,

Brussels.

(Revue Hom. Belge, June, 1885.)

At the beginning of this year we had at Brussels numerous cases of scarlatina, measles, and whooping-cough. For several years I began my treatment of measles with an alternation of *Aconite* and *Bryonia* instead of *Pulsatilla*, as recommended by many writers; though most symptoms of measles seem to be well covered by *Pulsatilla*, still everybody knows that here the thoracic symptoms need our closest attention, as most complications are caused by them, and are better put aside by the early use of *Aconite* and *Bryonia*. The painful cough, the râles, the bronchitis often yield already on the second day, and where the eruption is tardy in its appearance, the alternation of *Bryonia* with Sulphur leaves nothing to be desired.

Scarlatina also appeared with some intensity. The cardinal medicament naturally is *Belladonna*, but I rarely use it alone. At first I alternate it with *Aconite*, and when the throat symptoms are important I give at the same time *Lachesis*, or *Apis*, or *Hepar*; in a case where the scarlatina is complicated with true diphtheria I administer *Belladonna* 3d, *Hepar* 3d, or *Cyanuret of Mercury* 3d, and never use any local treatment. In other cases we meet a violent delirium; *Grisolle* teaches us to be on our guard even where the delirium is light, and as I found in such cases the conjunctivæ greatly injected I alternated *Belladonna* with *Arnica*, and great improvement followed.

During an epidemic of scarlatina I think highly of the prophylactic power of Belladonna, and I give to every person in the house two globules of the sixth attenuation of Belladonna morning and evening, and none so treated were attacked. Sometimes at first a second or third case may appear in such a house, but then the infection had already taken place, and though Belladonna may not be an infallible, still it will always remain a most efficacious preservative.

There is no preservative for measles, but Bryonia may be taken as such, and it will certainly render the cases lighter and more easily yielding.

In whooping-cough the alternation of remedies is of the greatest importance. I prescribe at the beginning *Ipecacuanha*, *Belladonna*, and *Drosera* in alternation for a week; change then the *Ipecacuanha* to *Kali bichromicum* for other eight days, and finally give *Drosera*, *Kali bichromicum* and *Arsenicum* during the third week, and thus the whooping-cough runs a mild course, and it is rarely that one needs yet such remedies, as *Cuprum*, *Conium*, *Coccus cacti*, etc. We never see such interminable cases of whooping-cough with a dozen nightly attacks, nor grave bronchitis, and even where cases had been maltreated amelioration soon follows, and it makes one feel happy to have saved many lives of children. In such treatment my confidence is absolute, and though some cases looked grave, when taken from other hands, they yielded beautifully in less than a month, so that parents often doubted whether their children had the real whooping-cough, as their neighbor's children coughed for months and nothing helped them. Here the thermometer is of great use to convince the incredulous of the gravity of a case. When a patient shows for several days a high temperature of 40 to 41 degrees, the intelligent people comprehend that the disease is a grave one, and as people possess now-a-days an idea of the importance of temperature in disease, they will more

easily acknowledge the benefit derived from our treatment. My advice therefore is never to neglect the use of the thermometer, as, besides the other precious indications which it gives, it contributes to render a better understanding of the efficacy of our remedies.

In relation to medical thermometry I find nothing more queer and more sorrowful than the singular therapeutics based upon it by the old school: because the patient feels too hot in dangerous cases we must look for means to reduce the heat, and thus one plunges his poor typhoid patients in a cold bath, another administers enormous doses of violent poisons to make him cooler, and thus a new class in materia medica was founded, the *antithermics*. Of little value are all the other symptoms of the patient. Who cares for them? He is too hot, he must be chilled, and the antithermics are the fashion. They forget that the patient is not so sick on account of the heat, but rather that he is so hot on account of his sickness, and this antithermic treatment has often led to collapse and death. We all know that in scarlatina considerable hyperthermy may exist, and I saw cases where for more than thirty-six hours the thermometer oscillated between 40.8 and 41. The treatment was not changed, no famous antithermics employed, and the patient saved. Two grammes Quinine might perhaps have reduced the temperature, and—chilled the patient forever.

When physicians like Martiny speak with such enthusiasm of their successful treatment, it behooves the critic to be silent, though he may shake his head incredulously and take the assertions *cum grano salis*. We have no other alternative than to change our opinion and practice, believe in alternation and in *ex usu in morbis*. Are all epidemics of whooping-cough alike? And though we agree with the celebrated Belgian physician that Bryonia is now-a-days

far more frequently indicated in measles than Pulsatilla, may not at other times the symptoms have pointed more decidedly to the latter than to the former, and we may deduct therefrom that old trite saying, not to prescribe for a case of measles or a case of whooping-cough, but for the totality of symptoms with its necessary corollary, the single remedy.

Antithermic treatment is already on the decline in the old school, but they have not yet found the fashionable idol which might take its place. Rossbach, of Jena, Strumpell, of Leipzig, and others, acknowledge that this hunting for antipyretics is not the chief point, but it is the duty of the physician to individualize, and thus find the specific drug for this individual case, and Scamuel, of Koenigsberg, teaches: We need specifics, but not antipyretics, for the fever is in most cases the most important symptom for the gravity of the disease.

The more pathology is studied the more homœopathy has to gain. The *ignis fatuus* of allopathic therapeutics must gradually yield to a law of nature as found in *similia similibus curantur*, for only thus therapeutic facts may be explained on a scientific basis. May this millennium soon be allotted to us. S. L.

FOUR CASES OF PURPURA.

BY

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Chicago.

I am much pleased to see so much in the AMERICAN HOMŒOPATHIST regarding purpura hæmorrhagica and surprised to see noted so many remedies for the cure of a disease in which so far as I have seen, there is so little variation in the diagnostic symptoms.

No doubt the remedies may be indicated during the treatment of the disease by symptoms present, but are the symptoms such that if they were abated, the disease would be cured.

There is one peculiarity of the hæmorrhage in purpura that I think has been overlooked in seeking remedies. The bloodclot is never firm as in ordinary hæmorrhaga, but breaks very easily. I do not think that Apis, Arsenicum Phosphoric acid, Kali, chloricu, Nux vomica, or Secale, have anything in common with the exact symptoms of purpura hæmorrhagica, and would not advise their use. The disease is not one that will be cured by a multitude of remedies, especially in any one case. The persistent use of the remedy indicated will cure at least a large majority of cases. Do not alternate remedies in this disease.

I believe that if Dr. Angell had given Phosphorus instead of Ledum he would have saved his patient, that is, if he had given it alone until the nasal hæmorrhage had subsided. Hæmorrhage from the nose is not a symptom of Crotalus. Phosphorus is the remedy for violent or persistent nosebleed, especially when it occurs frequently, without apparent cause. Phosphorus also has hæmorrhage from the lungs, which Crotalus has not, and I should expect to find the blood clot much firmer and not so rapidly decomposed.

Dr. Penoyer, of Kenosha, Wis., while passing was called in by Dr. Farr to see a case of purpura to which he had just been called, but for which he had not prescribed. After looking over the case Dr. Penoyer suggested Phosphorus cc. in solution (nothing but water?). At Dr. Farr's request he prepared the remedy which was given as directed. The disease disappeared rapidly and the patient was discharged in three days.

I have treated four cases, all seeming very unlike each other. The first a young lady æt. 19 years, of consumptive habit. This case had red spots in the eyes, some in the mouth, a few on the chest, arms and hands. She spat small clots from the mouth, frequently. Having never seen a case of the kind I did not fully comprehend the condition. Two days

later I was called in haste to see her on account of a severe hæmorrhage from the bowels. The discharge of blood had increased in the mouth, also the number of spots on the surface of the body. When I arrived she had passed about six quarts of fluid from the bowels, consisting of bloody water and soft broken clots. I gave *Crotalus*, as it seemed to be the only remedy indicated by the symptoms. Hæmorrhage from every orifice of the body. I gave the 6th dilution in water, a dose every two hours.

The next day the symptoms were so much improved that but little doubt of recovery remained. The hæmorrhage from the bowels had ceased, less blood in the mouth, spots were fading. Improvement continued steadily until the eighth day the patient was discharged.

There was no return of the symptoms. Shortly afterwards the patient passed out of my hands to be treated by a person who promised to surely cure her of consumption. She died in about six months. A friend of the family remarked to me about the time of the treatment of the young lady for purpura that she acted just like two cases he had seen die from rattlesnake bite.

The second case was a girl aged 13, who was attacked suddenly with violent fever and pain in the head, I gave *Aconite* and *Belladonna* and ordered bathing and cool applications to the head to allay the great heat from the fever. During the night, near morning, she had profuse hæmorrhage from the bowels. For this condition an allopathic physician was called in. He told the parents that there was no chance for the patient to recover. I gave a favorable prognosis and treated the case. I gave *Crotalus* a dose every two hours, with order to lengthen the intervals if she improved. After a few hours the hæmorrhage ceased, to return no more. Improvement was rapid and in a few days I discharged the patient. The spots in the eyes and mouth, and on the face, arms and chest were pre-

sent at my second visit or immediately on the occurrence of the hæmorrhage.

The third case was a girl aged 11 years, who appeared as though she had been severely bruised on various parts of the body, especially on the face arms and, chest. Some of the sургillations were as large as the palm of my hand.

There was some swelling where the sургillations appeared. No red spots appeared.

I gave *Crotalus* 6 every 4 hours. All appearance of the disease vanished in ten days.

The fourth case, a girl æt 7, was taken sick, and as nothing serious was apprehended no physician was called until hæmorrhage occurred from the bowels. I found the patient pale and weak with slight fever. The characteristic red spots appeared, mostly on the upper part of the body. I gave *Crotalus* 6 about one week. The patient appeared to be fully recovered and was discharged. A few days after I was called again, as the disease had returned. I found her with violent fever, unconscious and very restless, pulse frequent and tense.

I gave *Arsenicum*. The patient died in less than two hours in a spasm.

Judging by Dr. Penoyers case, *Phosphorus* is the remedy for the incipient stage. The case reported by Jahr in his forty years practice cured by *Arsenicum* would suggest *Arsenicum* as curative in the last stage.

The four cases that I attended were fully developed, and treatment commenced early in that stage.

ABSTRACTS AND CONDENSATIONS FROM FOREIGN LITERATURE.

BY

PROF. SAML. LILIENTHAL, M.D.,

New York.

ABSENCE OF TENDON-REFLEXES IN DIABETES MELLITUS.

Dr. Bouchart found that the tendon-reflexes disappear in the course of diabetes, as soon as the disease

becomes grave, and the return of tendon-reflexes denotes amelioration.—*La Concour Méd.*, 42, 84.

ELECTRICAL TREATMENT OF DIPHTHERITIS, BY DR. THEDOR CLEMENS, FRANKFURT-ON-MAIN.

It is a fact, proved by experience, that even simple faradic currents, applied locally to ulcers, ill-suppurating wounds, proliferations and tumors, not only hasten the cure, but they are able to change the local character of the disease and prevent the detrition of the tissues. During the last years I applied repeatedly in malignant vaginal and in diphtheritic processes local faradic currents in such a manner that one pole was applied on the neck after being moistened, and for the other pole I used a sponge electrode (strongly gilded wire covered with rubber), and applied for two or three minutes on the affected parts of the fauces. The round sponge closely encircling the wire, ending in a noose, may be medicated and then made to act more energetically than any gargling or penciling ever does; though we witness nearly the same absorbing power when the sponge is only soaked in water. Even when deglutition was ever so painful, amelioration sometimes sets in after the first application, so that patients request its repetition. The whole procedure is neither sensitive nor painful, and hardly ever causes nausea and vomituration. In desperate cases we may use electricity three or four times a day, so that the fauces may be rapidly cleansed and the deposits destroyed. It need hardly be mentioned that after each application the sponge electrodes must be disinfected in a carbolic acid solution, washed out in clear water, and then dried in a hot place. We may begin with a current of moderate intensity and gradually increase its strength, which may be done at every *séance*, as patients easily become used to it. Clemens medicated the sponge with solutions of kali chloricum, kali iod., cum. tract. iod., carbolic acid solution of 4%, nat-

rum mur., ledum, tannine, iron, etc. The same good effect he witnessed in croup, where it deserves more frequent application.—*Allg. Med. Centr. Zeit.*, I. 1885.

ON ZWANGSVORSTELLUNGEN (forced imaginary conceptions) IN NERVOUS PATIENTS, BY PROF. KRAFFT EHING (GRAZ).

Psychical disturbances in nervous patients are not rare. We deal here with elementary processes which only in certain conditions pass into primary dementia or melancholia. To understand these simple processes is theoretically and practically of great importance. Our nervous people are often greatly troubled by the idea of *becoming insane*, which is nearly always present in persons suffering from neurasthesia cerebialis. This idea, forced on them as it were, is somatically based on the frequent paralytic sensations in the course of the cerebral nerves, especially in the sensation of pressure, psychically in the inhibition of the faculty of thinking. Very closely related to it is the idea of *apoplexy, of the sudden danger of death*. We deal here mostly with hysteric or neurasthenic patients suffering from irritable heart. A milder form is where the patient becomes greatly embarrassed if unable to satisfy sudden calls of nature. The fear of thunderstorms, of certain animals, poisons, metals, etc., belongs to the same class. Well known essays are published on *agoraphobia and impotentia psychica mundi*, and nearly always such patients were neurasthenic and in the latter case were masturbators. How often do we see persons unable to proceed in their speech when they find the attention of people fixed upon them. Not rarely neurasthenics can not throw off the idea that they are *marked out for observation by other people*, and they do not feel themselves secure in their transactions with the outer world. Morbidly easy flushing or paling may arise in rare cases from a vaso-motor neurosis. In other cases our neuro-

pathics suffer from the idea forced upon them of *suicide or criminal actions*. The differentiation from genuine melancholia, where such ideas are frequent, can only be done by strict individualization of every case and by anamnesis. Sometimes we have to deal with *sacrilegious ideas*. Thus an anæmic and hysterical woman tried to repeat the Lord's prayer, but "jackass, dirty hag" and such expressions were foremost in her mind. Suicidal ideas we often meet in hereditary neurasthenia, coming suddenly upon them in the midst of pleasurable emotions, or follow in the wake of corporeal ill-feeling. Sometimes they suddenly arise when the person is on a precipice or sees a weapon before him. Homicidal ideas against persons whom they love are frequent, but we deal here more with real melancholia, though it can not be denied that the neurasthenic suffers far more than the physically anæsthetic melancholic patient, for the former lives still in the world and knows his relations to it; whereas the latter, living in himself, falls more easily a victim to his fatal impulses. There are many transition-points, and great care is necessary to differentiate between them.—*Centralbl. der Nervenheilkunde*, 2, 1885.

ON PEMPHIGUS ACUTUS IN CHILDHOOD. BY PROF. HENOCHE (BERLIN).

Two forms of pemphigus are observed in childhood. The one is the pemphigus acutus neo-natorum, appearing during the first two weeks. The whole body is covered with bullæ, some of the size of a hazelnut, and its course usually benign. A second form stands in close relationship to acute exanthemata. Henoch observed one case where a pemphigus acutus developed itself during the first days of a morbillous eruption. The whole body was covered with bullæ, the temperature considerably increased and the child died. Several similar cases are recorded in literature. He also observed it during the efflorescence of scarlatina, or

as a sequela. A boy of six years entered the hospital with scarlatina which ran a regular course. Four weeks afterward, the child was without fever for a long time, water-blisters arose on the right frontal region and slonari; soon the eruption became more general, and the blisters became the size of peas and hazelnuts; temperature rose over 40°. After nine days the fever decreased, and for ten days the child appeared well; then a new crop of bullæ appeared, temperature over 40, and only after three weeks could the child be considered cured.—*B. K. W.*, 4, 85.

ON TETANUS HYDROPHOBICUS ROSE, BY DR. M. BERNHARDT, BERLIN.

It is characteristic for this affection that it is only observed after traumata of the head, and that the spasms localize themselves especially in the muscles of the head; that very often the convulsive symptoms prevail in the muscles of deglutition (hence its name); that facial paralysis is constant and always, with slight exceptions, on the wounded side. But the spasms of deglutition may also be absent. The paralysis of the faciales is never a severe one electrotherapeutically, nor connected with any changes of irritability. Such a peripheral facial paralysis extends itself over all its branches. The paralyzed side of the face is incontractive, notwithstanding the paralysis. This last fact is even then not isolated, when we consider the facial paralysis as a peripheric one. Bernhardt mentions two cases of tic convulsive from his own practice, where the appearance of a severe peripheral paralysis of the faciales did not present the twitchings. We may also mention Hitzig's observations, where, after interrupting the peripheral facialis, a convulsive state was seen in its reflex organs. Rose explains the paralysis of the facialis in his case by a neuritis of the facialis emanating from the wound.—*Zeitschr. f. Clin. Med.* vii., April, 1884.

THE
AMERICAN HOMŒOPATHIST.

*A Monthly Journal of Medicine, Surgery,
and Sanitary Science.*

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GEO. W. WINTERBURN, PH.D., M.D.

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Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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EDITORIAL.

Noblesse oblige, our privilege compels us ; we professional men must serve the world, not, like the handicraftsman, for a price accurately representing the work done, but as those who deal with infinite values, and confer benefits as freely and nobly as nature.—
EDWARD EVERETT HALE.

OWING to change in width of column, beginning with the new year, and the desire to use all standing matter, the usual editorials are omitted. These changes will enable us to give fifty thousand words of text more, during the year.

* * *

Homœopaths everywhere will learn with profound regret of the continued illness of Professor Farrington. We extend to him our sympathy in his sufferings, in which we are sure we are seconded by every one of our readers.

CORRESPONDENCE.

AMERICAN OBSTETRICAL SOCIETY.

*To the Medical Profession :—*An association of medical practitioners was organized on October 28th, and incorporated under the laws of the State of New York as the American Obstetrical Society. It is the purpose of this society to engage in the study of the art and science of obstetrics in a systematic manner, with the hope of making its practice more exact and satisfactory. With this object in view, it is deemed desirable to include within the membership every physician who is especially interested in the development of this department of medical practice. The society has already seventy-nine members, located in twenty-one States, with the following officers elected to serve until the annual meeting in June next :

President—George W. Winterburn, M.D., of New York.

Vice-Presidents—Henry Minton, M.D., of Brooklyn ; Professor Sheldon Leavitt, M.D., of Chicago ; Professor Walter Wesselhoeft, M.D., of Cambridge, Mass.

Secretary—Everitt Hasbrouck, M.D., of Brooklyn.

Treasurer—Clarence M. Conant, M.D., of Orange, N. J.

Meetings will be held as often as practicable, the first of which will be in New York on December 10th, and of which further notice will be issued at a later date. The annual meeting for 1886 will be held at Saratoga, in connection with the meeting of the American Institute of Homœopathy.

The annual dues are two dollars for the first year (this includes the certificate of membership), and one dollar for each subsequent year. It is hoped that plans for an equitable dissemination of papers and discussions may be evolved which shall promote the largest benefits to the membership. The transactions of the society, including all the papers and a stenographic report of the discussions will, for the present, be printed in full in the *Homœopathic Journal of Obstetrics*.

A cordial invitation is extended to any one interested in the objects of the society to communicate with the secretary,

E. HASBROUCK,
253 Thirteenth Street,
Brooklyn, N. Y.

November 3d, 1885.

The Recent International Anti-Vaccination Congress.

DEAR DOCTOR WINTERBURN:—
As you have published a brief notice of the recent International Congress of opponents to compulsory vaccination held at the Hotel de Ville, Charleroi, Belgium, may I venture to trouble you with a few additional details.

The Congress comprised representatives from France, Belgium, Holland, Germany, Switzerland, England, the Channel Islands, the West Indies and the United States. At previous Congresses the London Society for the Abolition of Compulsory Vaccination has alone sent representatives from England, but on this occasion delegates were also in attendance from Oldham, Leicester, Darlington, Middleton, Victoria Park, and St. Pancras Leagues, and resolutions and letters of sympathy and support were received from many other Leagues and Societies, as well as from members of various legislatures, distinguished publicists, philosophers, statisticians, professors of Universities and medical vaccine specialists, and others who have devoted attention to various aspects of this important question.

Among the visitors to the congress were the Mayor of the town and Mr. Victor Lucp, Mr. G. E. Vandam, Mr. C. Lambert and Mr. Jules Ardent, members of the Belgium Legislative Assembly, also the special correspondents of the *Paris Figaro*, the *Times*, the *New York Herald*, and other influential papers. The tables were covered with statistics, reports from various countries proving the failure of vaccination as a preventive of small-pox, including our

English Parliamentary returns, showing the serious augmentation of scrofula, syphilis and other inoculable diseases, since vaccination has been made compulsory, also elaborate tables by Mr. Alexander Wheeler, of Darlington, and Dr. Alfred Russel Wallace, establishing the fact that vaccination has had no effect in the direction in which its promoters intended, but is itself a probable cause of the propagation both of small-pox and many other maladies. Special reference was made to the important official confession that more than 30,000 cases of small-pox occurring after vaccination, had been admitted into the London Hospitals between 1871 and 1883. An interesting feature of the Congress was the presence of Mr. Aubrey Stanhope, who has recently submitted to Dr. Ferran's inoculation against Cholera in Spain. Mr. Stanhope described the results of this experiment on himself. Many other facts were laid before the Congress showing the disastrous results of these inoculations, which produce violent fever, inflammations, suppurating sores, pains in the loins and head, and sometimes terminate in death. The cases of 47 nuns inoculated by Dr. Ferran and brought before the French Academy of Sciences as reported in the *Daily News* and other papers were referred to. The irrationality of preventing disease by diseasing the healthy, when in sanitation we have a perfectly harmless and always efficient prophylactic against all zymotic maladies, was forcibly pointed out by the President Dr. Hubert Boens. Among the resolutions adopted by the Congress was one arising out of the mischievous results often attending the compulsory vaccination of emigrants on their arrival at various ports in the United States, and the Congress called upon the Government of the United States to abrogate the laws which adroitly enforce a prescription alone on steerage passengers from which other passengers were exempt. These cases of injury are not my-

thical as so often alleged by the perfunctory vaccinator, but were proved by descriptive details of many cases furnished by Dr. Dwight Stow, a member of the Massachusetts Legislature, accompanied by a photograph of one of the unfortunate sufferers. Dr. Ancelon, an ex-deputy of the French Chambers, whose opposition to vaccination dates from 1847, attributed one potent factor in the degeneration of the physique of his countrymen to the introduction of the Jennerian system. Mr. Kenchenius, one of the party leaders of the Second Chamber in the Netherlands Legislature, gave evidence of the gradual progress of our cause in Holland, where much evil and injustice has arisen under their vaccination laws. The abolition of compulsion in Switzerland which has been co-incidental with a considerably diminished infantile mortality; the decision of the Imperial Vaccination Commission in Germany unanimously condemning the dangerous arm-to-arm vaccination; the recent anti-vaccination demonstration at Leicester, and the house-to-house censuses in many English towns, were cited as evidences of the rapid progress of our agitation. The Congress unanimously adopted a resolution that compulsory vaccination is an infringement of personal and parental freedom, and that the rights of conscience ought not to be trampled on either by medical or theological dogmas, and that coercive legislation in these matters ought to be peremptorily withdrawn.

Yours faithfully,

WILLIAM TEBB.

Shepperton House, Shepperton,
Middlesex, Aug. 18, 1885.

OUR CHICAGO LETTER.

There are about a thousand medical students attending college in Chicago this winter. The number may be greater than this—it certainly is not less. Three hundred of these are attending the homœopathic colleges. Is not this a pretty good

showing for our school in the great metropolis of the West?

It is related of a certain Philadelphia professor whose duty it became to distribute diplomas to a pretty numerous graduating class, that on beholding its numbers he exclaimed: "Great God, gentlemen! What is going to become of you?"

Sir James Paget has been trying to answer this question, and to tell what becomes of those who pass within the portals of our many college-halls. He selected at random 1000 students who, fifteen years ago, matriculated at various London schools, and followed them in their journey of life. This is the result:

Forty-one died during student-life;

Eighty-seven died after entering practice;

Ninety-six early abandoned the profession;

Fifty-six utterly failed of success;

One hundred and twenty-four met with limited success;

Sixty-six met with more than ordinary success;

Twenty-three achieved distinguished success;

Five hundred and seven made a living—and nothing more.

Taking this as a basis each one of the 1000 students to-day in Chicago can calculate what his chances are—whether he is destined to become distinguished, to die, or to scrape along and get his bread and butter. Twenty-three potential distinguished physicians are now in our midst, among some five hundred "breadwinners," and sundry others who will meet with various fates. Since it is at present impossible to distinguish the twenty-three embryo professors from the ninety-six who will early "retire from active practice," I can only wish them all God-speed.

For one student of the West Side College the problem has already been solved, and number forty-one now stands reduced to forty. One morning late in October a "floater" was

fished out of the Chicago river, thrown into a patrol-wagon and taken to the morgue of the County Hospital, where it was stretched on a marble slab. The body was so bloated and disfigured as to be almost unrecognizable, and had it not been for the discovery in one of the pockets of a lecture-ticket of the Chicago, Homœopathic College, it is possible that the body might have found its way to the dissecting-room and been cut up by the dead student's former class-mates. But for this accidental discovery of the identity of the body, the newspapers would have recorded the mysterious disappearance of a son of one of the wealthiest and best-known families of Chicago, instead of a case of drowning.

The body of young Dole would have found its way from the morgue to the dissecting-room the more readily, since in this State we have a most excellent law relating to the disposal of the unclaimed dead. This law makes it obligatory upon county officers having the matter in charge, upon demand to deliver all such bodies to physicians or to medical colleges, when they are to be used in the study of medical science. The Demonstrator's Association of Chicago, by systematic and untiring effort, succeeded in getting this act passed by the last legislature, and, though the law has been but a short time on the statute books, it works to perfection.

We all know the propensity there is on the part of some physicians to tell yarns about the size of their practice, the number of their visits, and their remarkable success. Whether this is right or not each one must judge for himself. But there is one thing of which I am certain, and that is that when a doctor has a story of extraordinary dimensions for which he is seeking a believer, he should practice on the ignorant public or try it on a dog, before attempting to beguile his professional brethren. The latter are possessed of the

same sources of information that he enjoys, and thus they have a keen scent which enables them to distinguish between the possible and the impossible.

Not long since I received a little advertising pamphlet sent out by a certain New York house containing many certificates from Chicago physicians. One reads like this :

"I have used the D. A. C. in the treatment of twenty-six *malignant* cases of *Diphtheria* without one failure."

This pamphlet has been sent, no doubt, to the address of every physician in Chicago. The advertisers intend that they shall read it, and thereby become convinced of the merits of the preparation which it extols. Hence this doctor is placed in the position of telling his colleagues in this city that he has treated *twenty-six cases of malignant diphtheria without one death!*

Great Scott !!

There has recently fallen into my hands a curiosity of literature, a French book written by a certain Dr. A. J. Borne-Volber, of Lausanne. It is called "*Aphorismes de Médecine Positive.*" In it the doctor has included more sound sense than I ever before saw in a work of the size. Here is a translation of a few of the doctor's aphorisms :

1. The first step in treatment is to change the conditions which produced the disease.

2. Remove the cause and assist nature to repair the injury.

3. Everything that promotes the general health promotes recovery from the particular disease.

4. All that influences health, influences disease.

5. The basis of pathology is physiology; that of therapeutics is hygiene.

6. The treatment should be according to the patient as well as according to the disease.

7. When a patient is cured, remove him from his former surroundings.

8. Prolonged chronicity is no less to be feared than a relapse.

9. The farther the physician and the patient drift from nature, the more difficult it is to cure.

10. The milder the regimen has been the greater the physician's resources.

11. The patient is seldom right : in imaginary diseases he believes too much ; in real diseases he does not believe enough.

12. Medicine has its idolaters, who believe in the impossible ; it has its skeptics, who deny established facts.

13. It is easier to understand the cause of diseases than of recoveries ; hence the prestige of medicines.

14. The patient wishes not only to be cured, but to be treated ; his luxury is in the importance of the physician and his remedies.

15. The physician without resources is a soldier disarmed—he inspires no confidence.

16. The physician should never deceive, but it is not always necessary to undeceive.

When Artemus Ward was in London he said at the conclusion of one of his lectures : "To-morrow afternoon, between three and four, I will call at the houses of the nobility to explain my jokes."

I hope that—in imitation of Mr. Brown—it is not necessary for me to send an interpreter to New York with each batch of manuscript. In my last letter, when I spoke of cyclamen as a remedy which is not frequently used—in contradistinction to the *polychrests*, which, as we all know, are of almost hourly use—by a sufficient amount of verbiage I could have so fortified my position, and accompanied it by so many explanations, that no one would have had any excuse for adverse criticism. I am the more convinced that I am correct in the matter since I now have the editor's word for it, in his foot-note, that the value of this drug is not appreciated. That's just the point—I intended to name a drug that is not

appreciated. Had I named any other kind my illustration would have been without meaning. But in order to avoid possible misapprehension in the future, I will try to name something that no one ever heard of, and I then hope that I may be spared any further foot-note comment.*

The record of the month in Chicago would not be complete without an account of the investigation into the management, or mismanagement, of the Cook County Hospital. One of the County Commissioners thought that he had discovered some instances of gross abuse in the conduct of the institution, and he proposed to make it hot for the attending physicians. All attending physicians—allopathists and homœopaths—were summoned to appear before a committee of the Commissioners to answer charges.

The meeting was held, and the Commissioner who was most active in the matter was sadly beaten at every point. It resulted in establishing one fact of great importance, and that is that Cook County Hospital is one of the best conducted institutions of the kind in the country, and that its record will compare favorably with that of any other hospital from which we have reports.

F.

Chicago, Nov. 20, 1885.

LITERATURE.

Prof. Houghton, of the New York Ophthalmic Hospital, has added a very interesting and useful volume to current medical literature.† Dr. Houghton has been a faithful and

* We are glad to have our clever correspondent explain his "joke." The uninformed scion of "nobility" would have gathered from his former remark that he looked upon cyclamen with a distrustful eye. To have elicited from him a word of praise for our therapeutic friend, and to know that he abhors the "busy practitioner" who only "uses cyclamen once in two years," is a matter for felicitation. Our sympathies we extend to him at his disgust with the foot-note fiend.—G W. W.

† Lectures on Clinical Otology. By Henry

earnest teacher, in his department of medical practice, for many years. He has contributed much to the interest and value of our local societies by his accurate knowledge of aural therapeutics; and now that he has added this excellent clinical treatise to the debt of gratitude we owe him, we can only renew the expression of our appreciation of what he is doing to elevate otology into a therapeutic science, which we recorded in these pages some months since. Prof. Houghton presents his experience in terms which brings it within the comprehension of the ordinary practitioner; and his book, while it will doubtless be highly valued by those whose special proficiency in this department enables them thoroughly to appreciate its merits, will prove a veritable and reliable guide to the family practitioner, whose isolated position prevents his availing himself of the personal services of an aural specialist. The book consists of twelve lectures delivered before the senior students of the New York Homœopathic College. To this is added a repertory, arranged upon a somewhat novel plan, which would have been more convenient if it had been printed in larger type, and the principal remedies accentuated in heavy-face letters. We have not attempted to examine it for errors, for the author's well-known conscientious carefulness ensures that it is as free from these as the present unsettled state of therapeutics will permit.

The first lecture of this series is devoted to a description of the necessary paraphernalia of aural diagnosis and treatment. Then follows a description of the more obvious as well as obscure diseases of the external, middle, and internal ear, with the details of a voluminous series of cases, and therapeutic hints; and, finally, a discriminating summary of remedies of service in aural diseases. The book is handsomely printed, and

thus reflects credit on the publishers, who have done their part in presenting to the profession a worthy book in a worthy manner.

Dr. Ostrom has re-written his treatise on the breast, and it now appears, in a second edition, and a very learned and creditable work it is.* The author enters elaborately into the physiology and normal histology of the glands in general, showing whence they come, and how they are built up. He then passes to the development of the mammary gland, whose evolution he discusses in an exceedingly interesting manner. This preliminary matter occupies about one hundred pages. Then follows a description of anomalies of development, with such suggestions for treatment as may be requisite or advantageous. This is succeeded by a discussion of the inflammations, functional disturbances, adventitious growths, and other disorders, which may affect the breast, and the treatment of these surgically and medicinally. The work is concluded with an excellent repertory. This treatise on the breast is decidedly the best of the kind in general medical literature; and adds another to the lengthening list of important works which homœopathic practitioners have given to the profession. Such treatises are the best answers we can give to slurs on our school; and that they are producing their legitimate effect is evident to every observer. Dr. Ostrom deserves, and has, our thanks for his thoughtful and erudite work, which will justly add much to the esteem in which he is already held by his associates in practice.

Dr. Ostrom has also recently written a little monograph on epithelioma of the mouth, which will be found of great service to those who are

C. Houghton, M.D. 8vo. pp. 260. (Boston: Otis Clapp & Son.)

* *A Treatise on the Breast, and its Surgical Diseases.* By H. I. Ostrom, M.D. Second Edition. 8vo. pp. 378. (New York: A. L. Chatterton & Co.)

called upon to treat such cases.* The work consists of two parts. The anatomy and physiology of epithelium, and the process of development of epithelioma, and its therapeutics. As it may at any moment become of practical service to any physician, and thereby enable him to ward off a fatal disease in some one of his patients, we hope the book may find its way into the library of each of our readers.

Dr. Landis has written an excellent guide for the young practitioner, who is just learning by practical experience, the difficulties of the obstetric art.† The subject is intelligently and readably treated, and this little treatise will serve as a most desirable handbook for the inexperienced. It is eminently practical, terse, and thorough, as might well be expected from its accomplished author.

The second volume of the *System of Medicine*, edited by Prof. Arndt, is already in the hands of the subscribers and the third is soon to follow.‡ We reviewed the first volume so extensively that we will only say here in regard to this one, that, while not without glaring faults, it seems on the whole to be up to the same standard of excellence as the first. When the entire work is before us, we will give an analytical review of the whole.

Gatchell's *Key Notes* having run through an edition of two thousand is now out in a revised and improved second edition.§ We are glad the

profession know a good thing, and buy it. It was a happy thought and deserves a great success.

The Index Medicus, now published by Geo. S. Davis, and edited by Surgeon Billings, of the Army, deserves the recognition and support of the medical profession.

Dr. Dunham has written a little volume intended as a practical guide for mothers in the preservation of the health of their young children.* It is excellent.

Boericke and Tafel, and Otis Clapp and Son, each issue a very convenient sized and arranged visiting-list for the use of medical practitioners. A word to the wise, at this season of the year, is all that will be needed.

ITEMS.

The Century begins its new year with increased interest of text and splendor of illustration.

The American Obstetrical Society will meet on the evening of December 10, at the New York Ophthalmic Hospital.

Dr. Senn, of Milwaukee, will please accept thanks for his interesting pamphlet on Cysts of the Pancreas.

The North American Review is soon to publish some interesting memoranda in regard to Gen. Grant, to be furnished by Col. Fred. Grant.

In making up Dr. Sterling's article last month the last paragraph was injected into the middle of the article, thereby sadly spoiling its continuity.

Dr. J. B. Mattison, of Brooklyn, sends us a little pamphlet in which he seems to prove that *Avena sativa* as a cure for the opium habit is a fraud, a delusion, and a snare.

There are some young men in this town who think it is very naughty to criticise the professional blunders of another physician, but the sad end of Vice-President Hendricks seems to warrant some comment. This excellent gentleman's physician first puked him, then purged him, then bled him—and he died. This may be regular and all that, but wasn't it rather hard on the old man.

* *Epithelioma of the Mouth*. By H. I. Ostrom, M.D. 12mo pp. 120. (New York; A. L. Chatterton & Co.)

† *The Management of Labor and of the Lying-in Period*. By Henry G. Landis, A. M., M.D. 12mo pp. 330 (Philadelphia: Lee Bros. & Co.)

‡ *A System of Medicine*. Based upon the Law of Homœopathy. Edited by H. R. Arndt, M. D. In three Volumes. Vol II. Royal 8vo, pp. 923. (Philadelphia: F. E. Boericke.)

§ *The Key Notes of Medical Practice*. By Ch. Gatchell, M. D. Second Edition. Sm 16. mo, pp. 217; flexible leather. (Chicago: Gross & Delbridge.)

* *The Baby: How to keep it Well*. By J. B. Dunham, M. D. 12mo. pp. 56. (Chicago: Gross & Delbridge.)

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